MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07928

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wood Acres | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wood Acres
STREET ADDRESS (If rural give location) 7215 Massachusetts Avenue, N.W.

3. NAME OF DECEASED (Type or Print): (First) W. (Middle) CAMPBELL (Last) ARMSTRONG

4. DATE OF DEATH: (Month) AUGUST (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 7, 1884

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney-at-Law.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nyack On HUDSON, N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES Sinclair Armstrong

14. MOTHER'S MAIDEN NAME: Lizzie Howard Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Rhoda Armstrong - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.8 Immediate cause (a) Metastatic Malignancy of both — Interval between onset and death: 5 yrs.?

47d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) lungs, liver and lymph nodes.

(c) Primary malignancy not found.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20th, 1949, to Aug. 6th, 1949, that I last saw the deceased alive on Aug. 5th, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
W. LeRoy Deuel M.D. | 1150 Conn. Ave. | 8/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 8-9-1949 | NAME OF CEMETERY OR CREMATORY: Arlington Natl Cemetery | LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: Aug 8, 1949 | REGISTRAR'S SIGNATURE: Josephine M. Schaffer | 24. FUNERAL DIRECTOR: Martin W. Tyson | ADDRESS: 1300 F St. N.W.

VS. A15

RECEIVED
AUG 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07929

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montg Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg Md,
LENGTH OF STAY (in this place): 25yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) (Last) Ashton
4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 49 19

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug 12/1870
9. AGE last birthday: 79 yrs. If under 1 year: Months 0 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: "
11. BIRTHPLACE (State or foreign country): Montg Co. Md,
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Sandy Corn
14. MOTHER'S MAIDEN NAME: Harriet Corn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: John B. Ashton, Gaithersburg. Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Hemiplegia right side.

83a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis & Hypertension

(c) Hemorrhage of brain

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948 to aug 27 1949, that I last saw the deceased alive on aug 27, 1949, and that death occurred at 10 45 p m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MC ADDRESS: Gaithersburg, Md DATE SIGNED: aug 29 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 8/30/49
NAME OF CEMETERY OR CREMATORY: Emory Grove
LOCATION (City, town, or county) (State): Near Gaithersburg Md,

DATE REC'D BY LOCAL REG: Aug 29 1949
REGISTRAR'S SIGNATURE: Alsuda G. Cooke
24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner. Gaithersburg Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07930

Reg. Dist. No. 218

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montg Co. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington Grove
LENGTH OF STAY (in this place): 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington Grove.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Amelia	Becker	8	30	49 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Mar 27th 1877.	72 yrs.	5	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Wisconsin	US A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Predder	Harriet Waldon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Charles Becker. Washington Grove Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Sarcoma tonis	12 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sarcoma, Gastric	2 years
	(c)	

151
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
26 April 49	Biopsy cervical gland (Sarcoma)	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March, 1949, to August, 1949, that I last saw the deceased alive on 30 August, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Shumaker	M.D.	Rockville Md	31 August 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 1st 1949	Forest Oak	Gaithersburg. Md,

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug 31, 1949	Alma L Cooke	Ernest C Gaitner. Gaithersburg Md,

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07931

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown R

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 214 Wilson Lane

3. NAME OF DECEASED (Type or Print) (First) Infant (Middle) (Last) Belt

4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Aug - 26 1949

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Bethesda Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Worthington Belt

14. MOTHER'S MAIDEN NAME Edieth Callender Prescott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Erythroblastosis foetalis.

770.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Rh factor)

161 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1949, to Aug 26, 1949, that I last saw the deceased alive on Aug. 26, 1949, and that death occurred at 7 40 A m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum, MD. (Degree or title) ADDRESS Rockville, Md. DATE SIGNED 8/26/49.

23. BURIAL, CREMATION REMOVAL (Specify) ~~8-29-49~~

DATE THEREOF 8-29-49

NAME OF CEMETERY OR CREMATORY Suburban Hosp.

LOCATION (City, town, or county) (State) Bethesda, Md

DATE REC'D BY LOCAL REG. 8-30-49

REGISTRAR'S SIGNATURE J V E Jobes.

24. FUNERAL DIRECTOR A. B. Solon ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07932

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bethesda
LENGTH OF STAY (in this place) 54 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falls Church
STREET ADDRESS (If rural give location) 713 Woodlawn Avenue

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) (n) (Last) BLAKE

4. DATE OF DEATH: (Month) 8-6-1949 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-10-81

9. AGE last birthday: 68 yrs. — If under 1 year: Months 6 Days 26 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Builder

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry B. Blake

14. MOTHER'S MAIDEN NAME: Margaret I. Haskins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Son: Francis E. Blake

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, Stomach — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo.

151

Antecedent cause(s)

46.b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 June 1949, to 6 August, 1949, that I last saw the deceased alive on 6 August, 1949, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.F.QUEEN CDR, MC, USN U.S.Naval Hospital, Bethesda, Md 8-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-9-49 — NAME OF CEMETERY OR CREMATORY: Washington National — LOCATION (City, town, or county) (State): Suitland, Maryland.

DATE REC'D BY LOCAL REG. 8-8-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers, 3072 M St, NW, Wash. D.C.

RECEIVED
AUG 16 1949
BUREAU V. S.

07933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4503 Elm St.	STREET ADDRESS (If rural, give location): 4503 Elm St.

3. NAME OF DECEASED (Type or Print)	(First) Harry	(Middle) L.	(Last) Bosley	4. DATE OF DEATH	(Month) Aug. (Day) 30 (Year) 1949
5. SEX: male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: June 7, 1895	9. AGE last birthday: 54 yrs.	If under 1 year: Months 2, Days 22; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer	10b. KIND OF BUSINESS OR INDUSTRY: U. S. Govt.	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? United States		
13. FATHER'S NAME: Harry Bosley	14. MOTHER'S MAIDEN NAME: Lilly R. Lee				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): W.W.I	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Augusta M. Bosley (wife)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
523.0 Immediate cause	(a) Acute Coronary Thrombosis c Myocardial Infarction	? 2 hrs
94a Antecedent cause(s)	(b) Primary Atypical Pneumonia	1 week
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Silicosis (?)	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 25 August, 1949, to 30 Aug, 1949, that I last saw the deceased alive on 29 Aug, 1949, and that death occurred at 7 00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Richard Bauersfeld, M.D.		7345 Wisconsin Ave	30 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Sept. 2, 1949	NAME OF CEMETERY OR CREMATORY: Arlington National Cem.	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 8-31-49	REGISTRAR'S SIGNATURE: W E Jobes	24. FUNERAL DIRECTOR: Robert A. Pumphrey	ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07934

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood
MARYLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kenwood
STREET ADDRESS 130 Shadow Road (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	WILLISTON	BRAY	August	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Feb 12, 1879	70 yrs.	5	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired	Washington, D C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Bray	Ellen E. Spofford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Congestive Heart failure	
95C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & rheumatic fever	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1948, to Aug 6, 1949, that I last saw the deceased alive on Aug 5, 1949, and that death occurred at 3:05 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John W. Travis	M.D.	1150 Conn. Ave. Wash. D.C.	8-6-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 8, 1949	Ft. Lincoln	3201 Bladensburg Rd., N E. Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-6-49	Wm E Gahres	Joseph Gawler's Sons, 1756 Pa Ave, N.W

RECEIVED
AUG 9 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07935

FILM No. G 121 AUG 24 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park, Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 mo.

Hospital, institution, or street address where death occurred: Nursing Home (Rolls)

How long in hospital or institution? 2 mo - 260 Maple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: ~~Maryland~~ D.C. County: ~~Montgomery~~

City or town: ~~Maryland~~ Washington (If outside city or town limits, write RURAL and give nearest town)

Street No.: ~~107 260 Maple Ave~~ 109-4th St SE. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Sallie Brinkman

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: W

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov 24th - 1860

8. AGE: Years: 88 ~~87~~ | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Greeneville, Tenn (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: Theodore Brinkman

13. Birthplace: Unknown

MOTHER

14. Maiden name: Isabella F. Last name Unknown

15. Birthplace: Unknown

16. Informant: Mrs. R. Crampton (Niece)

Address: 3627 Chesapeake St. NW Wash DC

17. Greeneville Tenn (Burial, cremation, or removal. Which?) Date thereof: 8/7/49 (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Greeneville Tenn

18. Funeral director: Jos. Sawler's Sons

Address: 1756 Pa Ave NW Wash DC

19. 8/4 1949 (Date rec'd by registrar) J. Wm Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4 Aug 1949, at 3:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 May 1949, to 3 Aug 1949 and that I last saw her alive on 3 Aug 1949

Immediate cause of death: Acute congestive heart failure — DURATION: ?

Due to: Chronic myocarditis — 3 months

Due to: aggravated by: Enterocolitis acute — 2 days

Other conditions: none

422.2 93d (Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Herbert Martyn Jr. M.D. (M. D. or other)

Address: 5029 Bethesda Ave Beth Date signed: 4 Aug 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 8 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07936

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo 10 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1252 4th Street, SE

3. NAME OF DECEASED (Type or Print): (First) ~~W~~ Walter (Middle) John (Last) Brown

4. DATE OF DEATH: (Month) (Day) (Year) 8-11-1949 19

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-27-1889

9. AGE last birthday: 60 yrs. — If under 1 year: Months 5 Days 14 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensioner

10b. KIND OF BUSINESS OR INDUSTRY: U S Govt

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Richard Brown

14. MOTHER'S MAIDEN NAME: Nellie Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: Sister: Lillian Jarnigan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 Immediate cause (a) CARCINOMA OF ESOPHAGUS — INTERVAL BETWEEN ONSET AND DEATH: 4 Mos.

46a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — MORE THAN 10 YRS.
SYPHILIS, TERTIARY, TREATED — MORE THAN 16 YRS.

19a. DATE OF OPERATION: 8/5/49

19b. MAJOR FINDINGS OF OPERATION: ESOPHAGOSCOPY WITH BIOPSY — CARCINOMA OF ESOPHAGUS

20. AUTOPSY? Yes ☐ No XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1949, to 11 August 1949, that I last saw the deceased alive on 11 August, 1949, and that death occurred at 9:20P m., from the causes and on the date stated above.

SIGNATURE H.T. Mankin (Degree or title) ADDRESS LTJG MCR USNR, U.S.Naval Hospital, Ebthesda, Md. DATE SIGNED 8-12-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-16-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 8-12-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Eugene Ford, 1213 4th St, SW, Wash.D.C.

R8.

RECEIVED
AUG 17 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17937

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 mo 6 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY: Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arlington
STREET ADDRESS (If rural, give location): 5133 First St North

3. NAME OF DECEASED (Type or Print): (First) ELEANOR (Middle) MURIEL (Last) CAGLE

4. DATE OF DEATH: (Month) 8-11-1949 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-14-1907

9. AGE last birthday: 41 yrs. If under 1 year: Months 5 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James F. Barker

14. MOTHER'S MAIDEN NAME: Lula Musselman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Husband: Carl Jesse Cagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 **Immediate cause** (a) Carcinomatosis — Interval Between Onset and Death: 6 mo.

48a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Cervix — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma to liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 July, 1949, to 13 August, 1949, that I last saw the deceased alive on 13 August, 1949, and that death occurred at 11:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.J. ZUSKA CDR, MC, USN, U.S.Naval Hospital, Bethesda, Md 8-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/16/49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 8-15-49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: Elkins Fuberal Home, Fredericksburg, Va

ADDRESS

RECEIVED
AUG 16 1949
BUREAU V. S.

Evidence for addition of 18c & 19b shown on:

07938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 122 SEP 23 1949

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (in this place): 1 mo 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4000 Cathedral Ave.NW. ✓

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Clyde (Last) CAPT

4. DATE OF DEATH: (Month) 8-30-1949 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-12-87

9. AGE last birthday: 62 yrs. If under 1 year: Months 2 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director Census Bureau

10b. KIND OF BUSINESS OR INDUSTRY: U S Govt

11. BIRTHPLACE (State or foreign country): Long Branch, Texas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Felix Capt

14. MOTHER'S MAIDEN NAME: Carrie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife: Katherine Capt, 4000 Cathedral Ave, NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177 **Immediate cause** (a) Coronary arteriosclerotic heart disease with thrombosis and massive infarction

51b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Meningitis, purulent

(c) Carcinoma prostate with metastases - basic cause of death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Prefrontal lobotomy (9/23/49 akc)

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 July, 1949, to 30 August 1949, that I last saw the deceased alive on 30 August, 1949, and that death occurred at 11:23 P m., from the causes and on the date stated above.

SIGNATURE: H.J. COKELY (Degree or title) CAPT, MC, USN — ADDRESS: U. S. NAVAL HOSPITAL, Bethesda — DATE SIGNED: 8-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-2-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 9-1-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett (Elizabeth Willett)

24. FUNERAL DIRECTOR — ADDRESS: J. Gawler, 1756 Pennsylvania Ave.NW, WashDC

Ralph Hicks Ex 169

RECEIVED
SEP 2 1949
BUREAU V. S.

BIRTH AND DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 215

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Montgomery

City or town Bethesda, Rural
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
U.S.Naval Hospital

Length of mother's stay in County 13 days
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State District Columbia

County

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 80 East Capitol Street
(If RURAL give LOCATION)

3. Name of child James Leslie Childress

4. Date of birth 24 August 1949 Hour M.

5. Sex Male | 6. Twin or triplet

7. No. of weeks pregnancy

FATHER OF CHILD

8. Full name James Edgar Childress

9. Color White 10. Age at time of this birth yrs.

11. Usual occupation Seaman U S Navy

MOTHER OF CHILD

12. Full maiden name Myrtle Patricia Warf

13. Color White 14. Age at time of this birth 23 yrs.

15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0

(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of
Premature Labor

19. Labor: (a) Complications of None

(b) Induced? No

20. (a) Was there an operation for delivery? No (Yes or No)

(b) State all operations, if any

(c) Did child die before operation?
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Generalized Atelectasis

(b) Maternal causes None

762.0

159

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature Paul Peterson
Paul Peterson, Captain, MC, USN
(Specify if M. D., midwife, or other)

Address U.S.Naval Hospital, Bethesda, Maryland

23. (a) Burial (b) Date thereof 8-25-49
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Arlington National

24. (a) Funeral director W.W.Chambers & Cone

(b) Address 517 11th St, SE, Wash.D.C.

25. (a) 8-25-49 (b) Elizabeth Willey
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Baby lived 4 hours

V. S. A10

RECEIVED.
SEP 1 1949
BUREAU V. S.

07940

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Milo Apts

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland
STREET ADDRESS (If rural, give location) Rockland (rural)

3. NAME OF DECEASED (Type or Print) (First) Rosie (Middle) (Last) Cooper
4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 6, 1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A

13. FATHER'S NAME George Davis
14. MOTHER'S MAIDEN NAME Emma Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Albert Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral edema due to
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Alcoholism
(c)

322.0
77c

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-7-49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 8-10-49 NAME OF CEMETERY OR CREMATORY Emory Grove LOCATION (City, town, or county) Emory Grove, Md (State)

DATE REC'D BY LOCAL REG. 8/10/49 REGISTRAR'S SIGNATURE Mrs E. P. Thompson Per. Luther G. Burdette
24. FUNERAL DIRECTOR Robert L. Snowden ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 13 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS/A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07941

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) Six years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) All States Hotel

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) (Last) Corbin

4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1949

5. SEX Fe

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Mar. 27, 1867

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Employee

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME not Known

14. MOTHER'S MAIDEN NAME not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. not Known

17. INFORMANT Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Congestive Cardiac Failure — Interval Between Onset and Death: Terminal

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ? Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1943, to Aug 26, 1949, that I last saw the deceased alive on Aug 26, 1949, and that death occurred at 7:53 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert J. Hare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 8/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/31/49 NAME OF CEMETERY OR CREMATORY Richwood LOCATION (City, town, or county) Erlanger (State) Ky

DATE REC'D BY LOCAL REG. 8/28/49 REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Jos. Lambert Sons ADDRESS 756 Pa Ave Wash D.C.

RECEIVED
AUG 30 1949
BUREAU V. S.

07942

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Germantown
LENGTH OF STAY (in this place) 64 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Germantown Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) DELIA (Middle) — (Last) CORN.

4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1949

5. SEX Female

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan 14 1885

9. AGE last birthday 64 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Sandy Corn

14. MOTHER'S MAIDEN NAME Harriett Wims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. non

17. INFORMANT Hattie Beckwith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

721 Immediate cause (a) acute arthritis

156a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cold —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Aug 29, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at ✓ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Shirley M.D. Smithsburg, Md. Sept. 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept. 3 1949

NAME OF CEMETERY OR CREMATORY Asbury

LOCATION (City, town, or county) Bryantown (State) Md

DATE REC'D BY LOCAL REG. 9/3/49

REGISTRAR'S SIGNATURE Alsuda G Cooke

24. FUNERAL DIRECTOR Roy W Barber ADDRESS Laytonville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07943

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, (Rural)
LENGTH OF STAY (in this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New Jersey — COUNTY: Burlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burlington
STREET ADDRESS (If rural, give location): 639 Bordentown Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	(n)	CURRAN	August	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3-12-77	72 yrs.	5 XX	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Allentown, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Curran
14. MOTHER'S MAIDEN NAME: Cecila Dugan Curran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Spanish American WWI
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Wife; Mary Curran

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
150	Immediate cause	(a) Suppurative mediastinitis	7 days
46a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of esophagus	6 wks.
		(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 16 Aug 1949
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the esophagus
20. AUTOPSY? Yes ☐ No XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 July, 1949, to 25 August 1949, that I last saw the deceased alive on 25 August, 1949, and that death occurred at 12:30P m., from the causes and on the date stated above.

SIGNATURE E. L. Mahon Jr. (Degree or title) ADDRESS: E.L.MAHON JR. LTJG,MC, USN, U.S.Naval Hospital,Bethesda,Md. DATE SIGNED: 8-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial Removal — DATE THEREOF: 8/26/49 — NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery — LOCATION (City, town, or county) (State): Burlington, New Jersey

DATE REC'D BY LOCAL REG.: 8-26-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett — 24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers 1400 Chaplin,Wash.,D.C.

J.B.

RECEIVED
AUG 29 1949
BUREAU V. S.

07944

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montg, Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Clopper Md, Gaithersburg
LENGTH OF STAY (in this place) 6yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD. Gaithersburg, Clopper)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Franklin (Last) Dodd

4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 49 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 19-1878

9. AGE last birthday 71 yrs. If under 1 year: Months 3 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY "

11. BIRTHPLACE (State or foreign country) Montg.Co. Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Addison Dodd

14. MOTHER'S MAIDEN NAME Jane Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Martha V. Dodd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Uremia	5 week
610	Antecedent cause(s)		
131a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	Unknown
		(c) Benign Prostatic Hypertrophy	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Residuals of left cerebral apoplexy

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Aug, 1949, to 19 Aug, 1949 that I last saw the deceased alive on 18 Aug, 1949, and that death occurred at 6am m., from the causes and on the date stated above.

SIGNATURE Jack Summerlin (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED Aug. 20, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 8/22/49

NAME OF CEMETERY OR CREMATORY Neelsville Cemetery

LOCATION (City, town, or county) (State) Near-Germantown Md,

DATE REC'D BY LOCAL REG. Aug 20, 1949

REGISTRAR'S SIGNATURE Alsuda G. Cooke

24. FUNERAL DIRECTOR ADDRESS Ernest C. Gartner, Gaithersburg Md,

RECEIVED
AUG 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07945

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5622 Oak Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda; STREET ADDRESS (If rural, give location): 5622 Oak Place

3. NAME OF DECEASED (Type or Print): (First) Victoria (Middle) Juliet (Last) Doggett

4. DATE OF DEATH: (Month) Aug (Day) 25 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jul. 15, 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 10; Min.

10a. USUAL OCCUPATION (Give kind of wnrk done duriog most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Hill Doggett

14. MOTHER'S MAIDEN NAME: Alice R. Barns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Mrs. Leonora D. Sabine (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac dilatation	½ hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic cardio-vascular disease	2 mo.
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bosschart	M.D.	Gaithersburg Md	8-25-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Aug. 26 1949	Cedar Hill Crematory	Prince George Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-27-49	W. E. Jobes	Robert C. Pumphrey	Bethesda, Md.

RECEIVED
AUG 31 1949
BUREAU V. S.

07946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH- COUNTY: Montg Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Rockville, RFD1
LENGTH OF STAY (in this place): 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Rockville. Md, COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Route-1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Maude Beatrice Downs

4. DATE OF DEATH (Month) (Day) (Year): 8/6/49 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 19th 1924
9. AGE last birthday: 25 yrs. If under 1 year: Months 1 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeping
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Bland Co. Va.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Frazier Kidd
14. MOTHER'S MAIDEN NAME: Effie Burrough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Herbert A. Downs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
170 Immediate cause	(a) Carcinoma of 4th lumbar Vertebrae & liver	4-6 weeks
50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of left breast	5 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: June - 1949
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from July-1-, 1949, to Aug-6-, 1949, that I last saw the deceased alive on Aug-5-, 1949, and that death occurred at 5 10/4 m., from the causes and on the date stated above.

SIGNATURE: William C. Miller, M.D. (Degree or title) ADDRESS: Gaithersburg, Md DATE SIGNED: 8/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug8th/49
NAME OF CEMETERY OR CREMATORY: Darnstown Cemetery
LOCATION (City, town, or county) (State): Darnstown Md.

DATE REC'D BY LOCAL REG.: Aug 8, 1949
REGISTRAR'S SIGNATURE: Alfreda G. Cooke
24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner. Gaithersburg Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

07947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 718

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Germantown Md — LENGTH OF STAY (In this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS mm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	FRANCES	DUFFIN	Aug	3.	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Col	Married	April 28. 1881	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Mason	Henrietta Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
mm	mm	Frank Duffin Jermantown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Intra-Cranial Hemorrhage	15 minutes
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Gen'l.	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 1, 1949, to Aug. 3, 1949, that I last saw the deceased alive on Aug. 2, 1949, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jack Schumacher	M.D.	Baltimore, Md.	Aug 4, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 6-1949	Asbury	Brookeville Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 6 1949	Ethel L. Cook	Roy W. Barber	Laytonsville Md

VS. A15

RECEIVED
AUG 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07948

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (in this place): 4 yrs - 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg, Md.
STREET ADDRESS (If rural, give location): Asbury Methodist Home

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Louise	Dunkane	Aug	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	single	June-1-1869	80 yrs.	2	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	-0-	Baltimore, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Valentine Dunkane	Louise Harwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Asbury Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Senile Exanition	3 months
903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured neck of Right Femur	9½ months
186a	(c) Senile Mental Deterioration - age	1947

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bed sores

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/28/48	Broken neck of Right Femur	Yes ☐ No ☒

21. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
10/25/48	Home	Gaithersburg	Md.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
m.		Slipped + fell walking across floor

22. I hereby certify that I attended the deceased from 10-25-1948 to Aug-24-1949, that I last saw the deceased alive on Aug-23-1949, and that death occurred at 8:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William E. Mills	M.D.	7-Brookside, Gaithersburg, Md	8-24-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	8/27/49	Greenmount	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 24, 1949	Amelia G. Cooke	Bertram Gore	Baltimore Md

RECEIVED
AUG 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07940

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STATE: MARYLAND
LENGTH OF STAY (in this place): 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Convent of The Visitation 9001 Georgetown Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): 9001 Georgetown Road

3. NAME OF DECEASED (Type or Print): (First) ANTONIA (Middle) (Sister M. DOROTHEA) (Last) DZIEGIELESKA

4. DATE OF DEATH: (Month) Aug. (Day) 16, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/12/65

9. AGE last birthday: 83 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religionist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Ignatius Dziegieleska

14. MOTHER'S MAIDEN NAME: Antonia Borowicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: Convent Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 **Immediate cause** (a) Arteriosclerosis - Generalized — Interval Between Onset and Death: one 10 years

97 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 19.32., to August 16, 19.49., that I last saw the deceased alive on August 15, 19.49., and that death occurred at 9401 Georgetown Ave. 10:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Michael J. McInerney M.D. ADDRESS: 1150 - Conn Ave. D.C. DATE SIGNED: 8-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/18/49 — NAME OF CEMETERY OR CREMATORY: Convent Cemetery — LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG. 8-17-49 — REGISTRAR'S SIGNATURE: W. E. Fields

24. FUNERAL DIRECTOR: Francis J. Collins — ADDRESS: 3821-14th.St.N.W Wash.11, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07950

Reg. Dist. No. 223

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 260 Maple Avenue	STREET ADDRESS (If rural, give location): 260 Maple Avenue

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) Louise	(Last) Elliott	4. DATE OF DEATH	(Month) Aug (Day) 5 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: 9/15/63	9. AGE last birthday: 85 yrs.	If under 1 year: Months 10, Days 20; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: Arthur R. MacLellan		14. MOTHER'S MAIDEN NAME: Louise Jane Talbott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Benj. S. Elliott, 1006 So. Mansion Dr. S.S. Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Arteriosclerotic Heart Disease	15 yrs.
	Antecedent cause(s)		
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	15 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1944, to Aug 5, 1949, that I last saw the deceased alive on Aug 5, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE: Willard F. McNeill (Degree or title) M.D. ADDRESS: Silver Spring, Md. DATE SIGNED: 8/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8/8/49	NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery	LOCATION (City, town, or county) (State): Washington, D. C.
DATE REC'D BY LOCAL REG.: 8/7/49	REGISTRAR'S SIGNATURE: J. Wilson Dodd	24. FUNERAL DIRECTOR: Warner E. Pumphrey Inc.	ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07951

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: MONTGOMERY

City or town: CHEVY CHASE 1
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred: 6405 - MEADOW LANE

How long in hospital or institution? No

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: MONTGOMERY

City or town: CHEVY CHASE
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 6405 - MEADOW LANE
(If rural, give LOCATION)

2.(a) If veteran, name war: NO

3. (a) FULL NAME: IDA WESLEY FENDERSON

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: William Henry Fenderson
Dead

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 18 1863

8. AGE:

Years	Months	Days	If less than one day
86	1	26	..... hrs. ..... min.

9. Birthplace: CAPE MAY, N.J.
(Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business: —

FATHER
12. Name: HORATIO CHURCH
13. Birthplace: PENNA

MOTHER
14. Maiden name: MARGARET ARNET
15. Birthplace: Phila, PA.

16. Informant: ALBERT A. FENDERSON
Address: 6405-MEADOW LANE Chevy Ch. Md.

17. BURIAL Removal Date thereof: Aug. 15, 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory .....

Location: CAPE MAY, N.J.

18. Funeral director: S.H. HINES Co
Address: 2901 - 14th ST N.W.

19. 9-2 1949 A. H. Hedrich
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14 1949 at 1:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1949, to Aug. 14 1949 and that I last saw her alive on August 14 1949

Immediate cause of death	DURATION
asteno-carcinoma of ascending colon	1 yr.
Due to	
Due to	
Other conditions	

153
46 e
(Include pregnancy within 8 months of death)

Major findings of operations .....

..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Sidney C. Bouanis, M.D. M.D. or other

Address: 3921 - Ingomar St. E.W. Date signed: 8-14-49

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
SEP 2 1949
BUREAU V. S.

Evidence for additon of #21 shown on:

07952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 122 OCT 5 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 215

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural | LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 2930 Findley Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Linwood (Last) Fentress Sr

4. DATE OF DEATH (Month) (Day) (Year): 8-12-1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 6-29-1888 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months 1 Days 13 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mathematician | 10b. KIND OF BUSINESS OR INDUSTRY: Geodetic Survey | 11. BIRTHPLACE (State or foreign country): Princess Anne Ct Va | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Fentress | 14. MOTHER'S MAIDEN NAME: Sarah Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WWI | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Wife: Catherine Fentress

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho-pneumonia	48 hrs.
903.0 Antecedent cause(s)	(b) Fracture, simple left hip	— days
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized arteriosclerosis, severe	6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Fairfax, | (COUNTY) | (STATE): Virginia

TIME OF INJURY (Month) (Day) (Year) (Hour): 8/5/49 3.30 a.m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? Slipped & fell in bathroom

22. I hereby certify that I attended the deceased from 5 August 1949, to 12 August 1949, that I last saw the deceased alive on 12 August 1949, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. A. Mead Jr.
C.A.MEAD JR LTJG MC USN U.S.Naval Hospital, Bethesda, Md 8-12-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 8-16-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 8-12-49 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers, 1400 Chapin St, NW, Wash, D.C.

M.J.S.

RECEIVED
AUG 17 1949
BUREAU V. S.

07953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSP. Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY MONT-
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON
STREET ADDRESS (If rural, give location) 71 DECATUR ST.

3. NAME OF DECEASED (Type or Print): (First) BABY GIRL (Middle) FRAM (Last)

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 8-23-49

9. AGE last birthday: 0 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 10 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HOWARD ANDREW FRAM (Deceased)

14. MOTHER'S MAIDEN NAME: DELLA ROSE W. NORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 2 a hrs.

776 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-23, 1949, to (same), 19....., that I last saw the deceased alive on 8-23, 1949, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John M. Wyman M.D. — ADDRESS: 7901 Wisconsin ave. Bethesda, Md. — DATE SIGNED: 8-24-49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/31/49 — NAME OF CEMETERY OR CREMATORY: Presbyterian Ch. Cem. — LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG. 8-31-49 — REGISTRAR'S SIGNATURE: W E Jobes — 24. FUNERAL DIRECTOR: Robert A. Pumphrey. — ADDRESS: Bethesda, Md.

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07954

Reg. Dist. No. 7-16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5911 Kingswood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5911 Kingswood dr

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Robert	French	Aug	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	July 18 1903	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Advertising	General	Ohio	U S A

13. FATHER'S NAME: Arthur E French
14. MOTHER'S MAIDEN NAME: Mary E Sutcliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	578-03-8339	Mrs Hilda M. French

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
430.1 **Immediate cause**	(a) Coronary occlusion	15 min.
940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Bouchant	M.D.	Gaithersburg Md	8-16-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/19/49	Galesville Cemetery	Galesville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-19-49	[signature]	Robert L. Humphrey	Bethesda, Maryland

RECEIVED
AUG 24 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07955

Reg. Dist. No. 723-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 305 Birch Avenue

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) CORDELIA (Last) FURLOW

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-17-81

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Jacob Kerns

14. MOTHER'S MAIDEN NAME: Margaret Ann Amick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: mrs. Margaret Landgraf, daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia - Terminal

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Thrombosis - Occlusion — June 14, 1949

932

(c) Arteriosclerosis - Generalized — Aug. 21, 1949

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Myocarditis, Osteoarthritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 28, 1948, to Aug 21, 1949, that I last saw the deceased alive on Aug 21, 1949, and that death occurred at 10 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. E. Finch M.D. — ADDRESS: 28 Carroll Ave TAKOMA PARK. MD. — DATE SIGNED: Aug 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 24-1949 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cem — LOCATION (City, town, or county) (State): Pr. George County Md

DATE REC'D BY LOCAL REG.: Aug 24 1949 — REGISTRAR'S SIGNATURE: J. Wm Dodd

24. FUNERAL DIRECTOR — ADDRESS: L. A. Hines Co. Washington, D.C.

VS. A15

RECEIVED
AUG 20 1949
BUREAU V. S.

07956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 2mo 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 3420 "R" St, N.W.

3. NAME OF DECEASED (Type or Print): (First) Lenard (Middle) Lenwood (Last) Gantt

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-2-88

9. AGE last birthday: 61 yrs. If under 1 year: Months 5 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward Gantt

14. MOTHER'S MAIDEN NAME: Fannie Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT: Nephew: Charles D. Gantt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161 Immediate cause (a) Epidermoid Carcinoma, Larynx with extensive local invasion. — Interval between onset and death: 8 months

47a Antecedent cause(s): Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 May, 1949, to 1 August, 1949, that I last saw the deceased alive on 1 August, 1949, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE C.J. Blanchard — (Degree or title) A.J.BLANCHARD LTJG MC USN — ADDRESS U.S.Naval Hospital, Bethesda, Md — DATE SIGNED 8-2-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 8-4-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 8-2-49 — REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers 3072 M St, NW, Wash. D.C.

F.D. Boone

VS. A15

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07957

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Indian Spring Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 114 Indian Spring Drive

3. NAME OF DECEASED (Type or Print): (First) Elva (Middle) J (Last) Gibson

4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1949

5. SEX: Fe

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan. 7, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months 7 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Martinsburg, West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Jennings

14. MOTHER'S MAIDEN NAME: Emaline Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Odin P. Eichelberger - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 Immediate cause (a) Coronary occlusion — Interval between onset and death: Instant

Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Valvular heart disease — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1949, to Aug 26, 1949, that I last saw the deceased alive on Aug 26, 1949, and that death occurred at 6 a.m. approx., from the causes and on the date stated above.

SIGNATURE (Degree or title) John R. Andrew M.D. ADDRESS 9601 Colesville Rd Silver Spring Md DATE SIGNED Aug 26-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE Aug. 29, 1949; NAME OF CEMETERY OR CREMATORY Christ Church Cemetery; LOCATION (City, town, or county) Chaptico (State) Md.

DATE REC'D BY LOCAL REG. 9-2-49; REGISTRAR'S SIGNATURE R. H. Hedrick g.

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

07958

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Springs Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 years

Hospital, institution, or street address where death occurred: –

How long in hospital or institution? –

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montgomery

City or town: 9408 - Biltmore Dr
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Silver Sp. Md
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (a) FULL NAME: Levi C. Gill

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	Married

6.(b) Name of husband or wife: Florence M. Gill

6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): June 4 - 1889

8. AGE: Years: 60 Months: Days: If less than one day: ..... hrs. ..... min.

9. Birthplace: Silver Springs Md
(Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Potomac Elec Co

FATHER
12. Name: Levi C Gill
13. Birthplace: Unkown

MOTHER
14. Maiden name: Augusta Wilson
15. Birthplace: Unkown

16. Informant: Mrs Florence M Gill
Address: 9408 Biltmore Dr.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8-5-49 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: Pr. Geo Co. Md.

18. Funeral director: W. W. Chambers Co
Address: 5801 Cleveland av Riverdale

19. Aug 3 1949 (Date rec'd by registrar) Josephine M. Schaeffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 3 1949 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 1944 to Aug 2 1949 and that I last saw him alive on ~~July~~ Aug 2 1949

Immediate cause of death: Rheumatic Heart Disease; Mitral and Aortic stenosis c̄ regurgitation

Due to: Myocardial Hypertrophy and insufficiency of Congestive failure

Due to: Auricular fibrillation

Other conditions: 410 (include pregnancy within 3 months of death)

92 b

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION: 30-40 yrs; months; days

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Chas. W. Holohan M.D. M. D. or other

Address: 500 Underwood NW Date signed: 8/3/49

VS A15 9-4 M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WDa
1221

RECEIVED
AUG 4 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#7959

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laytonsville, Md.
LENGTH OF STAY (In this place): 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laytonsville, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Waters (Last) Griffith

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 7, 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Uriah W. Griffith

14. MOTHER'S MAIDEN NAME: Laura Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Metastatic Carcinoma of Liver — Interval Between Onset and Death: 3 months

Antecedent cause(s)

H62 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Transverse Colon — 4 - 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Exploratory Laparotomy July 12, 1949 — 1 month

19a. DATE OF OPERATION: 7/12/49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of transverse colon with advanced metastasis of liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Aug. 10, 1949, that I last saw the deceased alive on Aug. 9, 1949, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE: Ralph L. Nicholson (Degree or title) M.D. ADDRESS: Damascus, Maryland DATE SIGNED: 8/11/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Aug 12-1949 NAME OF CEMETERY OR CREMATORY: Laytonsville Meth LOCATION (City, town, or county) (State): Montgomery Co. Md.

DATE REC'D BY LOCAL REG.: Aug 12, 1949 REGISTRAR'S SIGNATURE: L D Bell

24. FUNERAL DIRECTOR: Roy W. Barber ADDRESS: Laytonsville

RECEIVED
AUG 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07960

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montgomer — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg — LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Grove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg (near)
STREET ADDRESS (If rural give location): Washington Grove Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): LILLIE GOODWYN GRIGG

4. DATE OF DEATH (Month) (Day) (Year): Aug 22, 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W — 8. DATE OF BIRTH: 10/12/1865 — 9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: At Home — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Matthew Peterson Goodwyn — 14. MOTHER'S MAIDEN NAME: Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs. M. Carter Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331

Immediate cause (a) Cerebral Hemorrhage — 2 days

83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial Hypertension — 5 yrs.

(c) Generalized Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1941, to Aug 21, 1949, that I last saw the deceased alive on Aug 21, 1949, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hill Carter, M.D. — ADDRESS: 1835 Eye St., N.W., Wash., D.C. — DATE SIGNED: 8-22-49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: Aug 22, 1949 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: Aug 22, 1949 — REGISTRAR'S SIGNATURE: Almeda G. Cooke — 24. FUNERAL DIRECTOR: Jos. Gawler's Sons — ADDRESS: Wash., DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07961

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 mo 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Arlington~~ Alexandria
STREET ADDRESS (If rural give location): 2721 South Buchanan Street

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Kearse (Last) HALL

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-28-16

9. AGE last birthday: 32 yrs. If under 1 year: Months 1 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Govt

11. BIRTHPLACE (State or foreign country): Petersburg, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Francis Hall

14. MOTHER'S MAIDEN NAME: Edna Kearse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wife: Joan H. Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rupture of cerebral blood vessel — 30 mins (30)

193

Antecedent cause(s)

54b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) astro-blastoma

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 June, 1949, to 19 August 1949, that I last saw the deceased alive on 19 August, 1949, and that death occurred at 3:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. L. Marston
E.L.MARSTON LTJG, MCR, USNR, U.S.Naval Hospital Bethesda, Md 8-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 8-23-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 8-19-49 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers, 3072 M Street, Wash. D.C.

RECEIVED
AUG 23 1949
BUREAU V. S.

07962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1514 Seminary Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1514 Seminary Road

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) HARLOFF

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 20, 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months 3 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Wrecking Co.

11. BIRTHPLACE (State or foreign country): Buffalo, New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elsie H. Branham- Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden-
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	2 yrs.
	(c) Arthritis, hypertrophic	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1949, to Aug 29, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at 11:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank A. Jack M.D. ADDRESS: 8248 Georgia Ave. Silver Spring Md. DATE SIGNED: 8/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE: Aug. 30, 1949 NAME OF CEMETERY OR CREMATORY: Pine Hill Cemetery LOCATION (City, town, or county): Buffalo, (State): New York

DATE REC'D BY LOCAL REG.: 9-2-49 REGISTRAR'S SIGNATURE: C. H. Hedrick Jr.

24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. ADDRESS: Silver Spring, Md.

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 300 Dale Drive

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Alfred Charles Harveycutter

4. DATE OF DEATH (Month) (Day) (Year): 8/4/49 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 11/26/85

9. AGE last birthday: 63 yrs. If under 1 year: Months 8 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Orrison Acoustricon Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William B. Harveycutter

14. MOTHER'S MAIDEN NAME: Lydia Lake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-01-5249

17. INFORMANT: Eunice R. Harveycutter - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rupture of Coronary Aneurysm	sudden
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Infarct of Right myocardium	2 months
	(c) Arteriosclerotic Heart disease	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1949, to Aug 4, 1949, that I last saw the deceased alive on 8/4, 1949, and that death occurred at 7:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Francis Richardson M.D. 7117 Alaska Ave N.W. Wash. D.C.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Aug. 9, 1949

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: Aug 4, 1949

REGISTRAR'S SIGNATURE: Josephine M. Schaeffer

24. FUNERAL DIRECTOR: S. N. Hines Co. Wash. D C

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

Evidence for change of middle name is on:

FILM No: G 121 SEP 15 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Mont — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avia Rd Rt 3 Bethesda
LENGTH OF STAY (In this place) 8 mos 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinecrest Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3403 McComb St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Lyndon (Last) Hawes (Hawes)
4. DATE OF DEATH (Month) Aug (Day) 28 (Year) 1949
5. SEX Male
6. COLOR OR RACE W-Cau
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 7, 1873
9. AGE last birthday 76 yrs. If under 1 year: Months; Days 21; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer - Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME F. F. Hawes (Hawes)
14. MOTHER'S MAIDEN NAME Fannie Freeman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT Records of Pinecrest Rest Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Respiratory Failure

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary occlusion
(c) Hypertensive Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1949, to 8/28, 1949, that I last saw the deceased alive on 8/28, 1949, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frank Y. Jaggers M.D. 5707 Wisconsin Ave Chevy Chase 8/28/49

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE 8-30-49 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Prince Geo. Md

DATE REC'D BY LOCAL REG. 8-28-49 | REGISTRAR'S SIGNATURE W. E. Jobes | 24. FUNERAL DIRECTOR AND ADDRESS The S. H. Sims Co 2901-14th St NW Wash DC

RECEIVED
AUG 31 1949
BUREAU V. S.

L4
C4
6+61

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07965

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 3127 "Q Street, NW

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Merton (Last) Haynie

4. DATE OF DEATH: (Month) Aug (Day) 8 (Year) 1949

5. SEX: ~~Male~~ Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-8-98

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): West Polt, Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Haynie

14. MOTHER'S MAIDEN NAME: Florence Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes — (If year, give war or dates of service): WWI & II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wife: Margaret Haynie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis Coronary artery — Interval Between Onset and Death: 4½ hours

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 August, 1949, to 9 August, 1949, that I last saw the deceased alive on 9 August, 1949, and that death occurred at 12:25 A m., from the causes and on the date stated above.

SIGNATURE: J.T.Jones Jr (Degree or title) ADDRESS: LTJG,MC, USN, U.S.Naval Hospital, Bethesda, Md. DATE SIGNED: 8-9-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-12-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 8-9-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W.Chambers — ADDRESS: 517 11th Sy, SE, Wash. D.C.

R.A.M.

RECEIVED
AUG 17 1949
BUREAU V. S.

07966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 16 hrs. 57 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Richmond
STREET ADDRESS (If rural give location) 709 - China St.

3. NAME OF DECEASED (Type or Print) (First) Jean (Middle) Ann (Last) Hayward
4. DATE OF DEATH (Month) August (Day) 15 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 14-1949
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 16 Min. 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Olney Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Raymond Garvin Hayward Jr.
14. MOTHER'S MAIDEN NAME Mary Frances Eva Rhodes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
776	Immediate cause	(a) Premoturity	16 hours
159	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Premature, 6 1/2 months	16 hours
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/14/, 1949, to 8/15/49, 19....., that I last saw the deceased alive on 8/14/, 1949, and that death occurred at 1.02 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS Sandy Spring Md DATE SIGNED 8/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Aug. 15, 1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Richmond, Virginia
DATE REC'D BY LOCAL REG. 9-2-49
REGISTRAR'S SIGNATURE A. H. Hedrick
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07967

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Takoma Park — LENGTH OF STAY (in this place): 1 hr	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hospital	STREET ADDRESS (If rural, give location): 1445 Spring Rd. NW

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Twin #2 Herrmann			4. DATE OF DEATH (Month) (Day) (Year): 8 23 1949		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 8-23-49	9. AGE last birthday: yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours 1 / Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Victor Hugo Herrmann		14. MOTHER'S MAIDEN NAME: Camille Anne Fyalkowski			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: no	17. INFORMANT AND ADDRESS: Mrs. Camille Herrmann 1445 Spring Rd. NW D.C.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 1 hour

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:10 a.m. 8-23-49, 19..., to 4:10 a.m. 8-23-49, 19..., that I last saw the deceased alive on 8-23-49, 19..., and that death occurred at 4:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ernest E. Harmon M.D. — ADDRESS: 12 Cleaveland Ave., Takoma Park, Md. — DATE SIGNED: AUG 23 1949

23. BURIAL CREMATION REMOVAL (Specify): Cremation	DATE: 8-25-49	NAME OF CEMETERY OR CREMATORY: Washington Sanitarium & Hosp.	LOCATION (City, town, or county) (State): Takoma Park, Md.
DATE REC'D BY LOCAL REG.: 8/25/49	REGISTRAR'S SIGNATURE: J. Adam Dodd	24. FUNERAL DIRECTOR	ADDRESS

Written permission received from both parents [signature] Record Librarian

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

Twin #1 stillborn

I

I

VS. 415

RECEIVED
AUG 29 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

n7968

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring
STREET ADDRESS (If rural, give location) Box 204

3. NAME OF DECEASED (Type or Print): (First) ERNest (Middle) (Last) Hill
4. DATE OF DEATH: (Month) 8- (Day) 31 (Year) 1949
5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 5-14-1874
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: John Ed. Hill
14. MOTHER'S MAIDEN NAME: Mary Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Susie E. Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 420.0 — died suddenly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 94a

(c) retention — 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Brockhart M.D. — Gaithersburg Md — 8-31-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

9-3-49 — Sandy Spring — Sandy Spring, Md

DATE REC'D BY LOCAL REG. 9-2-49 | REGISTRAR'S SIGNATURE Gertrude B Lawler | 25. FUNERAL DIRECTOR | ADDRESS

Robert L. Snowden — Rockville, Md

RECEIVED
SEP 12 1949
BUREAU V. S.

07969

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Spencerville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oakhill Road

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Spencerville
STREET ADDRESS (If rural give location): Oak Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) HATTIE (Middle) MITCHELL (Last) Hill
4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1949
5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 11, 1871
9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: THOMAS JOHN MITCHELL
14. MOTHER'S MAIDEN NAME: JEMIMA BOND.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sister - Mrs Henrietta M. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Cerebrovascular Accident — 5 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/3, 1949, to 8/17, 1949, that I last saw the deceased alive on 8/17, 1949, and that death occurred at 6:10 P m., from the causes and on the date stated above.

SIGNATURE: C. Bigon (Degree or title) MD. ADDRESS: Sandy Spring, Md. DATE SIGNED: 8/17/1949

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 8-20-49 — NAME OF CEMETERY OR CREMATORY: Sandy Spring — LOCATION (City, town, or county) (State): Sandy Spring, Md

DATE REC'D BY LOCAL REG.: 9-2-49 — REGISTRAR'S SIGNATURE: A. H. Hedrick — 24. FUNERAL DIRECTOR: Robert L. Snowden, ADDRESS: Rockville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07970

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda 14	LENGTH OF STAY (in this place): 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Martha's Acres-Brickyard Rd.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda 14; STREET ADDRESS (If rural give location): Martha's Acres-Brickyard Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	S. B.	Hind	Aug.	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	widowed	Oct. 29, 1880	68 yrs.	9	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker		Beaufort Co., N. C.	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Owen Kelly Stilley	Emily Martha Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Miss. Owen C. Stilley - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	5 minutes
Antecedent cause(s)		
420.1 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Several coronary attacks; heavy one Aug. 4th	
	(c) Spastic colitis for many years with accompanying malnutrition.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1924, 19..., to Aug. 6, 1949, that I last saw the deceased alive on Aug. 5, 1949, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Julia M. Green, M.D.	1726 Eye St. N.W. Washington D.C.	Aug. 6, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/9/49	Arlington National Cem.	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-6-49	W. E. Jobe	Robert E. Pumphrey	Bethesda, Md.

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07971

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Fairfax
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural, give location) Route 4 Box 90

3. NAME OF DECEASED (Type or Print): (First) Morris (Middle) Lee (Last) HITCHCOCK

4. DATE OF DEATH: (Month) (Day) (Year) 8-19-1949 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-8-96

9. AGE last birthday: 52 yrs. If under 1 year: Months 3 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist

10b. KIND OF BUSINESS OR INDUSTRY: Govt

11. BIRTHPLACE (State or foreign country): Edgerton, Wisconsin

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Hitchcock

14. MOTHER'S MAIDEN NAME: Madeline Lang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT: Wife: Hazel Hitchcock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

151 Immediate cause (a) Post operative Hemorrhage, RT. ant. cerebral

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) adenocarcinoma Stomach, with metastases and cachexia.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 July, 1949, to 19 August, 1949, that I last saw the deceased alive on 19 August, 1949, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE S.V.THOMPSON (Degree or title) LCDR,MC, USN. ADDRESS U.S.Naval hospital, Bethesda,Md. DATE SIGNED 8-19-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8-23-49 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 8-19-49 | REGISTRAR'S SIGNATURE Elizabeth Willett | FUNERAL DIRECTOR ADDRESS W.W.Chambers,1400 Chapin St, NW, Wash.D,C

VS. A15

RECEIVED
AUG 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17972

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 11 Days 16 HRS. 50 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) #1 Franklin Avenue

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Washington (Last) Hummer

4. DATE OF DEATH: (Month) August (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 14, 1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Levi Hummer

14. MOTHER'S MAIDEN NAME: Georgiana Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Ethel S. Martin Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cholemia — Interval between onset and death: 8-10 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Portal Cirrhosis. — Interval between onset and death: Unknown

581.0 1248

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Poss. cerebral Accident. — 5 days.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) X — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY X — (CITY OR TOWN) X — (COUNTY) X — (STATE) X

TIME OF INJURY (Month) X (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from July 22, 1949, to Aug. 3, 1949, that I last saw the deceased alive on August 3, 1949, and that death occurred at 7:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George A. Gray, Jr., M.D. — ADDRESS 104 Chevy Chase Dr., Ch. Ch., Md. — DATE SIGNED 8/3/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/6/49 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) [illegible] (State) Md.

DATE REC'D BY LOCAL REG. 8-3-49 — REGISTRAR'S SIGNATURE V. E. Jones

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Malley 3200 R.I. Ave. Mt. Rainier, Md.

VS. A15

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02973

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barnestown; LENGTH OF STAY (In this place): C; HOSPITAL OR INSTITUTION OR STREET ADDRESS: C

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barnestown; STREET ADDRESS (If rural, give location): C

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 6, 1883

9. AGE last birthday: 65 yrs. If under 1 year: Months. 7 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Mason

14. MOTHER'S MAIDEN NAME: Charity Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Elsie Plummer (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) myocardial insufficiency — Interval Between Onset and Death: 4 weeks

334 Antecedent cause(s)

87d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hemiplegia (cerebral accident) — 10 years

(c) cerebral sclerosis — 5-10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION: C

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): C

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): C (CITY OR TOWN): C (COUNTY): C (STATE): C

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: C

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? C

22. I hereby certify that I attended the deceased from 6-3-1949, to Aug-1-1949, that I last saw the deceased alive on July 31, 1949, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wilbur C. Miller M.D. ADDRESS: Gaithersburg Md. DATE SIGNED: 8-4-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-4-49 — NAME OF CEMETERY OR CREMATORY: Seneca — LOCATION (City, town, or county) (State): Seneca, Md

DATE REC'D BY LOCAL REG.: Aug 4, 1949 — REGISTRAR'S SIGNATURE: Rhoda G. Cooke

24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 5mos. 1day; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural give location) 6031 Utah Street, NW,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	(n)	JOERNS	August	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	2-28-1883	66 yrs.	5	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	U.S.Navy	Iowa	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William G. Joerns	Marie LaNicca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	I & II		Wife: Maud S. Joerns

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
491 Immediate cause	(a) Bronchopneumonia	10 d.
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral Hemorrhage	1½ yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10 March 1949, to 8 August 1949, that I last saw the deceased alive on 8 August 1949, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
V.E.Lowery LTJG., MC, USN	U.S.Naval Hospital, Bethesda, Md	8-9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-11-49	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-9-49	Elizabeth Willett	W.W.Cahmbers	1400 Chapin St, NW, Wash, D.C.

W.W.Chambers by J.

VS-A15

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Hollywood Park - Route #2

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Nicholas (Last) Johnson - Jr.
4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov. 13 28
9. AGE last birthday: 20 yrs. — If under 1 year: Months 9 Days 17 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab-driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Burnt Mills Maryland.
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: William Nicholas Johnson Sr.
14. MOTHER'S MAIDEN NAME: Jane Elizabeth Albright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Jane Elizabeth Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Meningitis, type undetermined — 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

340.3 (b) Bronchopneumonia, lower lobes bilateral — "

132a (c) Pyelitis, bilateral, mild — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Aug, 1949, to 30 Aug, 1949, that I last saw the deceased alive on 30 Aug, 1949, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. D. Bonifant M.D. Sandy Spring 30 Aug. 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 1, 1949 — NAME OF CEMETERY OR CREMATORY: Colesville Cemetery — LOCATION (City, town, or county) (State): Colesville, Maryland

DATE REC'D BY LOCAL REG. 9-5-49 — REGISTRAR'S SIGNATURE: Gertrude B Fowler — 24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. — ADDRESS: Silver Spring, Md.

VS. A15

RECEIVED
SEP 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02976

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural, give location) Route 3 Box 282

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IDA	JANE	JONES	8	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	9-5-1875	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	None	Jefferson Co. - Penna	

13. FATHER'S NAME: Samson Kirker

14. MOTHER'S MAIDEN NAME: Hannah Place.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Sanitarium & Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Infarct	Terminal
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage - one week; Coronary Occlusion ?	
94a	(c) Arteriosclerosis	? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug 13, 1949, to Aug 14, 1949, that I last saw the deceased alive on Aug 14, 1949, and that death occurred at 3:17 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert A. Hare	M.D.	Takoma Park, Md.	8/14/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 18, 1949		REYNOLDSVILLE, JEFFERSON CO., PA.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/17/49	J. Milton Dodd	J. Arthur Walters,	254 Carroll St. NW. Washington, 12 DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; STREET ADDRESS (If rural, give location) Qts 429 Marine Base ✓

3. NAME OF DECEASED (Type or Print): (First) Jonathan (Middle) Lee (Last) JORDAN

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-3-49

9. AGE last birthday: 0 yrs. If under 1 year: Months 0 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bethesda, Rural, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John C. Jordan Jr

14. MOTHER'S MAIDEN NAME: Cleo Corp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Father: John C. Jordan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity & Immaturity about 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fibroids of uterus in mother.

(c)

796

159

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 August 1949, to 5 August 1949, that I last saw the deceased alive on 5 August, 1949, and that death occurred at 4:20p m., from the causes and on the date stated above.

SIGNATURE Paul Peterson (Degree or title) ADDRESS DATE SIGNED

Paul Peterson Captain, MC, USN, U S Naval Hospital, Bethesda, Md 8-8-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8-9-49

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 8-8-49

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.W.Chambers, 3072 M St, Wash, D.C.

A.S.P.

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

117978

Reg. Dist. No. 215

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. This is especially important.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural); LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District Columbia; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2411 "F" Street, NW.

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Prince (Last) KING

4. DATE OF DEATH: (Month) 8-28-1949 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-16-88

9. AGE last birthday: 60 yrs. If under 1 year: Months 5 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U S Govt

11. BIRTHPLACE (State or foreign country): Boston, Massachussets

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Albert King

14. MOTHER'S MAIDEN NAME: Ernestine Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Rosey King, 2411 F St, NW, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic heart disease & anasarca	10 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Small myocardial infarctions	2 years
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hernea - rt. inguinal

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 August 1949, to 28 August, 1949, that I last saw the deceased alive on 28 August, 1949, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE: S.R. Mills Jr.
(Degree or title): S.R. MILLS LTJG, MC, USN
ADDRESS: U. S. NAVAL HOSPITAL, Bethesda
DATE SIGNED: 8-29-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 9/2/49
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 8-29-49
REGISTRAR'S SIGNATURE: Elizabeth Willett, Elizabeth Willett
FUNERAL DIRECTOR: W.E. JARVIS, 1432 U St, NW, Wash. D.C.
ADDRESS:

9 W.4

RECEIVED
AUG 31 1949
BUREAU V. S.

07979

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cedar Grove MD — LENGTH OF STAY (In this place): 82 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Ceader Grove. MD.
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Joseph (Last) King

4. DATE OF DEATH: (Month) Aug. (Day) 15 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June7 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. King

14. MOTHER'S MAIDEN NAME: Lucindia Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Nonie E. King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	5 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	15 years
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1947, to August 15, 1949, that I last saw the deceased alive on August 15, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE: James F. Kerr — (Degree or title) M.D. — ADDRESS: Damascus, Md. — DATE SIGNED: August 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 17. 1949 — NAME OF CEMETERY OR CREMATORY: Salem — LOCATION (City, town, or county) (State): Ceader Grove MD.

DATE REC'D BY LOCAL REG.: Aug. 18, 1949 — REGISTRAR'S SIGNATURE: Della V. Burdette

24. FUNERAL DIRECTOR — ADDRESS: Roy W. Barber Laytonsville, MD.

VS. A15

RECEIVED
AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07980

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park, Md — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 832 Gist Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Blanche	Rose	Lambert	August	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	white	Widow	8-18-80	68 yrs.	0	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ontario - Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moise Du Freame
14. MOTHER'S MAIDEN NAME: Malinee Poier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Washington Sanitarium & Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
204.0 Antecedent cause(s)		
74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Leukemia, Lymphatic (Chronic)	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1947, to Aug. 20, 1949, that I last saw the deceased alive on Aug. 20, 1949, and that death occurred at 10 27 P m., from the causes and on the date stated above.

SIGNATURE: L B Snow (Degree or title) M D ADDRESS: Silver Spring, Md. DATE SIGNED: 8/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 24th 1949	Colesville Cemetery	Colesville, Montgomery, Md.

DATE REC'D BY LOCAL REG.: 8/22/49 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. — ADDRESS: Silver Spring, Md.

RECEIVED
AUG 26 1949
BUREAU V. S.

07981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium El Hospital Takoma Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
STREET ADDRESS (If rural, give location) 812 Greenwood Circle

3. NAME OF DECEASED (Type or Print) (First) John (Middle) W. (Last) Mac Neil
4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-4 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergy
10b. KIND OF BUSINESS OR INDUSTRY Minister
11. BIRTHPLACE (State or foreign country) Nova Scotia, Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Bernard Mac Neil
14. MOTHER'S MAIDEN NAME Mary Ann Mac Lay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Washington Sanitarium El Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
350 Immediate cause	(a) Cerebral Vascular accident	4 Days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular disease	Chronic
	(c) Parkinsonian Syndrome	20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13, 1928, to 8/16, 1949, that I last saw the deceased alive on 8/15, 1949, and that death occurred at 12:32a m., from the causes and on the date stated above.

SIGNATURE Frank Williman (Degree or title) Williman MD. ADDRESS 2731 Conn Ave Wash DC DATE SIGNED 8/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 19, 1949
NAME OF CEMETERY OR CREMATORY George Washington Memorial
LOCATION (City, town, or county) Riggs Rd. Hyattsville (State) Md

DATE REC'D BY LOCAL REG. 8/16/49
REGISTRAR'S SIGNATURE J. Wm Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW Washington 12 DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07982

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural)
LENGTH OF STAY (in this place) 1 hr 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clifton
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) Linton (Last) MATHERS

4. DATE OF DEATH (Month) (Day) (Year) 8-29-1949 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-21-95
9. AGE last birthday 53 yrs. If under 1 year Months 2 Days 8 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William Mathers
14. MOTHER'S MAIDEN NAME Janie Elgin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS 46B Crescent Terrace Wife: Robena Mathers Greenbelt, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Massive Gastrointestinal Hemorrhage	24 Hrs.
Antecedent cause(s)	(b) Rupture esophageal varix	Hrs. ~~24~~ Mos.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Portal Cirrhosis	Indef.

581.0
124.b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 August, 1949, to 29 August, 1949, that I last saw the deceased alive on 29 August, 1949 and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE J.R. Shanahan (Degree or title) J.R. SHANAHAN LTJG, MCR, USNR, ADDRESS U. S. NAVAL HOSPITAL, Bethesda, Md. DATE SIGNED 8-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 31, '49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 8-29-49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR S.H.HINES 2901 14th St, NW, Wash, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07983

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: DISTRICT COLUMBIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 405 "A" Street, SE.

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Penn (Last) McFADDEN

4. DATE OF DEATH: (Month) 8 (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-2-94

9. AGE last birthday: 55 yrs. If under 1 year: Months 0 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Govt

11. BIRTHPLACE (State or foreign country): Plainville, Kansas

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edwin McFadden

14. MOTHER'S MAIDEN NAME: Lucille Baxter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT: Wife: Beulah McFadden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) ①Adenocarcinoma, stomach; ②emaciation — Interval between onset and death: 3

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ①Adenocarcinoma, stomach; ②emaciation — Interval between onset and death: 5

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 August, 1949, to 11 August, 1949, that I last saw the deceased alive on 11 August, 1949, and that death occurred at 8:25 A m., from the causes and on the date stated above.

SIGNATURE: G.C.Buchanan — (Degree or title): G. C. BUCHANAN LTJG, MC, USN — ADDRESS: U.S.Naval Hospital, Bethesda, Md — DATE SIGNED: 8-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-15-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 8-11-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers 517 11th St SE Wash.D.C.

D.C.

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07984

Reg. Dist. No. 714

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenmont
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Spring R-1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenmont
STREET ADDRESS (If rural, give location) Silver Spring - R-1

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Gibson (Last) Mell

4. DATE OF DEATH (Month) Aug (Day) 5 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6-25-1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. DC.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William G. Mell
14. MOTHER'S MAIDEN NAME Alberta Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT H. G. Mell (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudd Suddenly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 8-1949
NAME OF CEMETERY OR CREMATORY F A Lincoln
LOCATION (City, town, or county) Prince Geo Co Md. (State)

DATE REC'D BY LOCAL REG. 8/5/49
REGISTRAR'S SIGNATURE Josephine M. Schaeffer
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 1400 Chapin St N.W Wash, DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07985

CERTIFICATE OF DEATH

Reg. Dist. No. 714

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring.
STREET ADDRESS (Rural give location) 8709 - Bradford Rd.

3. NAME OF DECEASED (Type or Print): (First) MENDELSON, (Middle) ANNIE, (Last)

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: about ? 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mordecai

14. MOTHER'S MAIDEN NAME: Chaye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Louis Mendelson Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Insufficiency — 12 hrs.

420.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Heart Disease — 10 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to Aug 10, 1949, that I last saw the deceased alive on 8/9, 1948, and that death occurred at 5 30 ☐m., from the causes and on the date stated above.

SIGNATURE: Samuel Dessoff (Degree or title) M.D. ADDRESS 900 - 17th N.W. DATE SIGNED 8/10/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug 10-1949 | NAME OF CEMETERY OR CREMATORY: Southeast Hebrew Cem. | LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: Aug 10, 1949 | REGISTRAR'S SIGNATURE: Joseph W. Schaffer

24. FUNERAL DIRECTOR: Goldberg Funeral Home ADDRESS: Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: SM
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River
STREET ADDRESS (If rural give location): Naval Air Station

3. NAME OF DECEASED (Type or Print): (First) Gloria (Middle) Jean (Last) MILLER

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8-19-49

9. AGE last birthday: 0 yrs. — If under 1 year: Months 0, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Ernest Miller

14. MOTHER'S MAIDEN NAME: Sarah Jane Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Father: Ernest Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ERYTHROBLASTOSIS FETALIS	3 days
770.0 Antecedent cause(s)	Rh factor incompatability	
161 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 August, 1949 to 22 August 1949, that I last saw the deceased alive on 22 August 1949, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.J.MAIORELLO LTJG,MC,USN, U.S.Naval Hospital,Bethesda,Maryland 8-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-24-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 8-24-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Malvan and Schey,424 R St, NW, Wash.D.C.

W.D.S.R.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07987

Reg. Dist. No. 216

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 136 Glenbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 136 Glenbrook Rd

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) B (Last) Mills

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-14-1918

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis L. Baxter

14. MOTHER'S MAIDEN NAME: Louise Rhea

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

970.2 **Immediate cause** (a) Barbiturate poisoning — 7 hrs

163 B **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Took an dose of sleeping pills
(c) Certificate held up awaiting laboratory findings

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broccato M.D. Gaithersburg Md. 8-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF 8-18-49 — NAME OF CEMETERY OR CREMATORY Gawler's — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 8-16-49 — REGISTRAR'S SIGNATURE J.E. Jobes

24. FUNERAL DIRECTOR ADDRESS Joseph Gawler Sons 1956 Penn Ave. N.W.

VS. A15A

RECEIVED
AUG 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07988

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 19 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 1019 Flower Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) McClellan (Last) Mills

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3-31-64

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): Big Pool Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Otho Mills

14. MOTHER'S MAIDEN NAME: MARY Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Rubye Ackisn (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	2 WEEKS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis, multiple,	3 WEEKS
	(c) Arteriosclerotic Heart Disease	5 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, generalized	10 YEARS

420.0
93d

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1948, to Aug. 17, 1949, that I last saw the deceased alive on Aug. 17, 1949, and that death occurred at 12:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert G. Cuyler M.D. 106 Del Ray Ave, Bethesda, Md. Aug. 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-20-49

NAME OF CEMETERY OR CREMATORY St Peter's Catholic

LOCATION (City, town, or county) Hancock (State) Md.

DATE REC'D BY LOCAL REG. 8/18/49

REGISTRAR'S SIGNATURE J. Allison Dodd

24. FUNERAL DIRECTOR ADDRESS Charles R. Bast, Hancock, Md.

RECEIVED
AUG 19 1949
BUREAU V. S.

07989

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 7899 Chicago Ave.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Permelia (Last) Minter
4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/10/63
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Minter
14. MOTHER'S MAIDEN NAME Permelia Ann Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage c̄ Right hemiplegia	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis with Secondary	
	(c) Hypertension	10 yrs

331
83a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1949, to August 7, 1949, that I last saw the deceased alive on 8-7, 1949, and that death occurred at 5:30 p m., from the causes and on the date stated above.

SIGNATURE Kenneth Vaughn (Degree or title) MD ADDRESS 8252 Georgia Ave Silver Spring Md DATE SIGNED 8-8-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF AUG. 9, 1949.
NAME OF CEMETERY OR CREMATORY COLESVILLE CEMETERY
LOCATION (City, town, or county) (State) COLESVILLE, MONTG. CO., Md.

DATE REC'D BY LOCAL REG. 8/8/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. ARTHUR WALTERS, ADDRESS 254 CARROLL ST. N.W., TAKOMA PARK, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

CHANGE OF NAME: letter from Dr. Rosenberger filmed G121 8/31/49 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville · LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Own Home- 18 Thomas St.	STREET ADDRESS (If rural give location): 18 Thomas St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WALTER	HUGHES	MONDAY	August	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Dec. 15, 1899	49 yrs.	8 / 1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Highway Dept.	D.C. Govt.	Montgomery Co., Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin W. Monday	Elizabeth Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs W.H.Monday (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
153	Immediate cause	(a) HEPATIC INSUFFECIENCY	15 MONTHS
46.2	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED METASTASIS	TWO YEARS
		(c) CARCINOMA OF COLON (SIGMOID)	2½ YEARS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MALNUTRITION

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
MAY 5, 1947	GENERALIZED METASTASIS	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JAN., 1949, to August 17 1949, that I last saw the deceased alive on August 16 1949, and that death occurred at 10:40 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon S. Rosenberger	M.D.	Rockville, Maryland	8/16/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 18, 1949	Rockville Union	Rockville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-18-49	E P Thompson	Robert A. Humphrey	Bethesda, Md

RECEIVED
AUG 20 1949
BUREAU Y. S.

07991

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (rural)
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
STREET ADDRESS (If rural, give location) #5 West Lenox Street,

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Godwin (Last) MOORE Jr.
4. DATE OF DEATH (Month) 8-30-49 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-19-87
9. AGE last birthday 61 yrs. If under 1 year: Months 3 Days 11 If under 24 hrs.: Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY U.S.Navy
11. BIRTHPLACE (State or foreign country) Littleton, North Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles Moore
14. MOTHER'S MAIDEN NAME Mary Misenberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I & II
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Wife: Beatrice Moore, 5 W. Lenox Street Chevy Chase

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage, Cerebral	less than 12 hrs.
Antecedent cause(s)	(b) Hypertensive Cardiovascular disease	8 years.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 August 1949, to 30 August 1949, that I last saw the deceased alive on 30 August, 1949, and that death occurred at 3:05 P m., from the causes and on the date stated above.

SIGNATURE Wade H. Boswell (Degree or title) W.H. BOSWELL LT, MC, USN
ADDRESS U. S. NAVAL HOSPITAL, Bethesda, Md.
DATE SIGNED 8-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 9-2-49
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. 8-30-49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR J. Gawler, 1756 Penn Ave, NW, Wash. DC
ADDRESS

Arlin. B 48

M

I

T

VS/A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07092

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8600 Old Georgetown Rd.; MARYLAND; LENGTH OF STAY (in this place) 42 days

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS 7 Locks Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Gertrude (Last) Nugal

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 6, 1877

9. AGE last birthday: 72 yrs.; If under 1 year: Months 2, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Wm. R. Embrey

14. MOTHER'S MAIDEN NAME: Maria Bernfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Vera M. Hough Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446 Immediate cause (a) Uremia — Interval Between Onset and Death: 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

13b (b) Nephrosclerosis — ?

(c) Chr. Pulmonary Tuberculosis (bilateral healed) — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 20, 1949, to Aug 7, 1949, that I last saw the deceased alive on Aug 7, 1949 and that death occurred at 4:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emil F. Bauersfeld M.D. ADDRESS Bethesda, Md. DATE SIGNED 8/8/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug. 9, 1949; NAME OF CEMETERY OR CREMATORY: Potomac Church Cemetery; LOCATION (City, town, or county) (State): Potomac, Maryland

DATE REC'D BY LOCAL REG. 8-8-49; REGISTRAR'S SIGNATURE: W E Jobes

24. FUNERAL DIRECTOR: Robert A. Humphrey; ADDRESS: Bethesda, Md.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07994

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 6mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4601 Harling Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4601 Harling Lane

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Willard (Last) Mullen

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months 6 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Med. Represenative

10b. KIND OF BUSINESS OR INDUSTRY: Eli Lilly Drugs

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles F. Mullen

14. MOTHER'S MAIDEN NAME: Molly Moriarty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. yes

17. INFORMANT: Mrs Mary E. Mullen (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: died suddenly

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broccard M.D. Gaithersburg Md 8-17-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8/20/49

NAME OF CEMETERY OR CREMATORY: Ft. Lincoln

LOCATION (City, town, or county) (State): Prince George Co. Md.

DATE REC'D BY LOCAL REG. 8-19-49

REGISTRAR'S SIGNATURE: M. E. Gober

24. FUNERAL DIRECTOR: Robert A. Pumphrey ADDRESS: Bethesda, Md.

RECEIVED
AUG 24 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07993

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (In this place): 41 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital	STREET ADDRESS (If rural, give location): 506½ Second St,SE.

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Franklin	(Last) MULLER	4. DATE OF DEATH	(Month) August (Day) 24 (Year) 1949 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 6-16-84	9. AGE last birthday: 65 yrs.	If under 1 year: Months 2 Days 8 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special Policeman	10b. KIND OF BUSINESS OR INDUSTRY: U S Govt	11. BIRTHPLACE (State or foreign country): Washington, D. .	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: William Muller	14. MOTHER'S MAIDEN NAME: Elizabeth Ports				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWi	16. SOCIAL SECURITY NO.	17. INFORMANT: Wife: Ruby Muller			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162 Immediate cause (a) Bronchogenic Carcinoma — 9 MO

47C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~Bronchop~~

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 July, 1949, to 24 August, 1949, that I last saw the deceased alive on 24 August, 1949, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE J.T. Jones (Degree or title) ADDRESS DATE SIGNED

J.T.JONES JR. LTJG,MC, USN, U.S.Naval Hospital, Bethesda, Maryland 8-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 8-25-49	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington Virginia
DATE REC'D BY LOCAL REG.: 8-24-49	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR ADDRESS: S.H.HINES 2901 14th St, NW, Wash.D.C.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07995

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: S.S. Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 900 Malcom Drive.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Dr. William Murray

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6.(b) Name of husband or wife: Jessie L. Murray

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 1st 1869

8. AGE: Years: 79 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Georgia
(Town, county, and state)

10. Usual occupation: Dentist

11. Industry or business:

FATHER
12. Name: Seabrook Murray
13. Birthplace: Unknown.

MOTHER
14. Maiden name: Amaker.
15. Birthplace: Unknown.

16. Informant: Lucie Amanda Venrilli

Address: 900 - Malcolm Drive

17. Removal. (Burial, cremation, or removal. Which?) Date thereof: Aug 26th 1949 (month) (day) (year)

Cemetery or crematory: Wash. D.C.

Location:

18. Funeral director: Thomas B. Hanlon

Address: 641 - 3d St. N.

19. 9-2 1949 (Date rec'd by registrar) R. H. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 26 1949, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17 1949, to Aug 26 1949 and that I last saw him alive on Aug 26 1949

Immediate cause of death	DURATION
Acute Congestive Heart Failure	12 ~~Days~~ Hrs
Due to Carcinoma of Prostate	4 Mo
Due to 177	
Other conditions 51 b	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harold Kerzer M.D. M. D. or other

Address: 1835 Eye St NW Date signed: 8/26/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

RECEIVED
SEP 2 1949
BUREAU V. S.

Evidence for addition of #4 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07996

CERTIFICATE OF DEATH

FILM No. 0 1 2 1 SEP -7 1949

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5612 Wis. Ave

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Nicklow (Last)

4. DATE OF DEATH (Month) August (Day) 13 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH about 1869
9. AGE last birthday 80-3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown. Firestone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Solomon J. Ross.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443	Immediate cause	(a) Cerebral embolus	
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	3 days
		(c) hypertensive cardiovascular disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18, 1949, to 8/13, 1949, that I last saw the deceased alive on 8/13, 1949, and that death occurred at 10 15 P m., from the causes and on the date stated above.

SIGNATURE I. L. Marks (Degree or title) M.D. ADDRESS 6306 Wisconsin Ave DATE SIGNED Chevy Chase, Md

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 8/16/49 NAME OF CEMETERY OR CREMATORY Glenwood LOCATION (City, town, or county) Wash. D.C. (State)

DATE REC'D BY LOCAL REG. 9-2-49 REGISTRAR'S SIGNATURE A. H. Hedrick
24. FUNERAL DIRECTOR J. Wm. Lee's Sons Co. ADDRESS Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07997

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural) | LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 504 "Eye St,NW.

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) Alexander (Last) OLSEN
4. DATE OF DEATH: (Month) 8-27-1949 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 5-12-1866
9. AGE last birthday: 83 yrs. | If under 1 year: Months. 3 Days 15 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholsterer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Christiani, Norway
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ole Olsen
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Daughter: Ida O. Davis 7504 Gateway BLV SE Wash.D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & Shock, Post-operative

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Benign Hypertrophy, Prostate
(c) Attempted Trans-urethral resection

610
127a

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 August 1949, to 27 August, 1949, that I last saw the deceased alive on 27 August, 1949, and that death occurred at 2:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.J.COKELY CAPT.,MC, USN, U. S. NAVAL HOSPITAL, Bethesda, Md. 8-27-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 9-2-49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 9-1-49 | REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W.Chambers | ADDRESS: 517 11th St.,SE,Wash.D.C.

25.

RECEIVED
SEP 2 1949
BUREAU V. S.

07998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	STREET ADDRESS (If rural, give location) 5320 McKinley St.
3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) (Last) Page	4. DATE OF DEATH (Month) Aug. (Day) 28 (Year) 1949
5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Aug. 20 1877 — 9. AGE last birthday 72 yrs. — If under 1 year Months 0 Days 8 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Patterson, N.J. — 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Page	14. MOTHER'S MAIDEN NAME Nellie Bakelaar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. 362-16-0799	17. INFORMANT wife (Ellen)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Terminal uremia	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	6 mo
131a	(c) Arteriosclerotic cardio-vascular renal disease	unk.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral accident	6 mo.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1949, to Aug 28, 1949, that I last saw the deceased alive on Aug 28, 1949, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

SIGNATURE R H Adams (Degree or title) MD — ADDRESS 8114 New Hampshire Ave — DATE SIGNED 8/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Sept. 1, 1949	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-30-49	W. E. Jobes	Robert A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

07999

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 272 Newport Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Houston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Stuart (Last) Pentland

4. DATE OF DEATH (Month) Aug. (Day) 16 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Nov 21, 1870

9. AGE last birthday 78 yrs. If under 1 year Months 8 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Stuart

14. MOTHER'S MAIDEN NAME Catherine Lockhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Frank H. Heideck - Son -in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Acute Congestive Heart Failure	3 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1949, to Aug. 16, 1949, that I last saw the deceased alive on Aug. 16, 1949, and that death occurred at 6 55 A. m., from the causes and on the date stated above.

SIGNATURE L. B. Snow (Degree or title) M.D. ADDRESS Silver Spring, Md. DATE SIGNED 8-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8/19/49

NAME OF CEMETERY OR CREMATORY Rockville Union Cemetery

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 9-2-49

REGISTRAR'S SIGNATURE A. H. Hedrick

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 714

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Good Hope Rd
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Silver Springs, md, R.7.D#2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Good Hope Rd.
STREET ADDRESS (If rural, give location): Silver Springs, md. R.7.D#2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah		Pumphrey	Aug.	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	Dec. 9 1880	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper		Maryland.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Boston	Flora Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Ernest Pumphrey (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Gallbladder

155 Antecedent cause(s)

464 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cholelithiasis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiorenal disease & Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr. 25	Ca Gallbladder Mets. to Liver & Peritoneum	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 21, 1948, to Aug 3, 1949, that I last saw the deceased alive on Aug 2, 1949, and that death occurred at 3.17 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Webster Sewell, M.D. ADDRESS Norbeck md DATE SIGNED 8.7.49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8-8-49	Good Hope	Colesville, md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 8, 1949	Josephine M. Schaeffer	Robert L. Snowden	Rockville md.

VS. A15

RECEIVED
AUG 12 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08001

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 113 Anne St

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) REA

4. DATE OF DEATH (Month) Aug (Day) 7 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Apr 25 1884

9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst Trust Officer Amer Sec Co

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fairfax Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Rea

14. MOTHER'S MAIDEN NAME Heneritta Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Roberta D Rea

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of stomach

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

151

46 b

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION May 1949

19b. MAJOR FINDINGS OF OPERATION adenocarcinoma of stomach

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 7 Aug, 1949, that I last saw the deceased alive on 6 Aug, 1949 and that death occurred at 4:22 A.m., from the causes and on the date stated above.

SIGNATURE William D Aud (Degree or title) M.D. ADDRESS Silver Spring, Md DATE SIGNED 7 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 10, 1949

NAME OF CEMETERY OR CREMATORY Mt Lincoln

LOCATION (City, town, or county) Pr. Geo. Co (State) Md

DATE REC'D BY LOCAL REG. Aug 7, 1949

REGISTRAR'S SIGNATURE Josephine M Schaeffer

24. FUNERAL DIRECTOR S H Hines Co ADDRESS 2901 14 St N W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08002

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (in this place): 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Asbury Meth. Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Alberta (Middle) Brown (Last) Regester
4. DATE OF DEATH: (Month) 8. (Day) 9. (Year) 1949
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Sept. 17, 1858
9. AGE last birthday: 90 yrs. If under 1 year: Months 10 Days 22 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albertus Brown
14. MOTHER'S MAIDEN NAME: Felicia P. Jewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Asbury Meth. Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

304 Immediate cause (a) Senility — Dementia (inanition — 5 months

Antecedent cause(s)

162a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) No more definite cause (9/26/49 akc)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓
INJURY OCCURRED While at Work ☐ Not While At work ☐: ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Feb-6-, 1949, to Aug-9-, 1949, that I last saw the deceased alive on Aug-6-, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C. Miller, M.D., 7 Brooks Ave., Gaithersburg, Md. 8-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 8.11.49
NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
LOCATION (City, town, or county) (State): Beltsville Md.

DATE REC'D BY LOCAL REG.: Aug 9, 1949
REGISTRAR'S SIGNATURE: Alvenda G. Cooke
24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner, Gaithersburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 13 1949
BUREAU V. S.

Evidence for change of birth date is on:

FILM No. G 121 SEP 15 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08003

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Virginia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10,409 Capitol View Ave.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Wilhite	(Middle) Willis	(Last) Revelle	4. DATE OF DEATH	(Month) Aug.	(Day) 18	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Nov. 22, 1897	9. AGE last birthday: 51 yrs.	If under 1 year Months: 8	Days: 26	If under 24 hrs. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Virginia			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Jessie Gelley - Tenn.			14. MOTHER'S MAIDEN NAME: Sarah Stewart				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT: Mrs. Marie Barker - Daughter				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Hemorrhage Cerebral	2 months
Antecedent cause(s) (b)	Hypertension Essential	yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

331

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to Aug. 18, 1949, that I last saw the deceased alive on 8/18/49, 19....., and that death occurred at 9:20 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel Allen	M.D.	Kensington, Md.	8/18/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: Aug. 19, 1949	NAME OF CEMETERY OR CREMATORY: East Stone Gap Cemetery	LOCATION (City, town, or county) (State): East Stone Gap, Virginia
DATE REC'D BY LOCAL REG.: 9-2-49	REGISTRAR'S SIGNATURE: R. H. Hedrick	24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc.	ADDRESS: Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08004

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 14 Neptune Green, SW. ✓

3. NAME OF DECEASED (Type or Print): (First) ~~Infant~~ Girl (Middle) Mary Ann (Last) REYNOLDS

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: [illegible]8-14-49

9. AGE last birthday: 0 yrs. — If under 1 year: Months 0, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bethesda, Rural

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jack Reynolds

14. MOTHER'S MAIDEN NAME: Edith West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Father: Jack Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (in utero age 38 weeks)

761.5 Antecedent cause(s)

160 c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Placenta Previa

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 August 49, to 16 August 1949, that I last saw the deceased alive on 16 August, 1949, and that death occurred at 6:06A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Peterson
P. PETERSON, CAPT., MC, USN, U.S.Naval Hospital, Bethesda, Md. 8-16-49

23. BURIAL, CREMATION, REMOVAL (Specify): Pathology Dept — DATE: 8-16-49 — NAME OF CEMETERY OR CREMATORY: U S Naval Medical School — LOCATION (City, town, or county) (State): NNMC, Bethesda, Maryland

DATE REC'D BY LOCAL REG. 8-16-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett — FUNERAL DIRECTOR — ADDRESS: None employed.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
AUG 18 1949
BUREAU V. S.

08005

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY Harlan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loyall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Donald (Last) Richardson
4. DATE OF DEATH (Month) 8 - (Day) 21 - (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 11 '38
9. AGE last birthday 11 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Ky
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Fred F Richardson
14. MOTHER'S MAIDEN NAME Ruth Noe Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ruth Noe Thomas (mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.0 Immediate cause (a) Cerebral hemorrhage due to — 33 hrs

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of skull

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture at forearm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Rockville (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Aug (Day) 19 (Year) 49 (Hour) 6P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell from 2nd floor back porch

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart, M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 8-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 8/24/49
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Harlan, Kentucky (State)
DATE REC'D BY LOCAL REG. 8-21-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08006

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1310 Webster Street, NE

3. NAME OF DECEASED (Type or Print): (First) Emil (Middle) Frederick (Last) ROETSCHI

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-6-1861

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days: 18 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U S Maribe Corps

11. BIRTHPLACE (State or foreign country): Salerno Italy

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SA

16. SOCIAL SECURITY NO.:

17. INFORMANT: Daughter: Emma Maryman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610 Immediate cause (a) Nodular hyperplasia of prostate with obstruction.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
137a (b) Broncho-pneumonia
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 August 1949, to 24 August 1949, that I last saw the deceased alive on 24 August, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. W. Miller Jr. MC, USN, U.S. Naval Hospital, Bethesda, Md. 8-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 27 Aug. 1949 — NAME OF CEMETERY OR CREMATORY: Mount Olivet — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 8-24-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: James T. Ryan 317 Penn Ave, SE, Wash. D.C.

J. T. Ryan Jr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

08007

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 5 North Calhoun Street

3. NAME OF DECEASED (Type or Print): (First) CAROL (Middle) RUTH (Last) RUYLE

4. DATE OF DEATH: (Month) August (Day) 7 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-6-1929

9. AGE last birthday: 19 yrs. — If under 1 year: Months 3 Days 1 — If under 24 hrs.: Hours — Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Devils Lake, N.D.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Eugene F. Palmer

14. MOTHER'S MAIDEN NAME: Ruth Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Husband: Robert Eugene Ruyle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Eclampsia	8 days
642.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Bronchopneumonia, Bilateral	2 days
148a (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 July, 1949, to 7 August, 1949, that I last saw the deceased alive on 7 August, 1949, and that death occurred at 12:46 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

PAUL PETERSON CAPT, MC, USN U,S,Naval Hospital,Bethesda,Md 8-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 8 1949 — NAME OF CEMETERY OR CREMATORY: G.A.R. Cemetery — LOCATION (City, town, or county) (State): Devils Lake, North Dakota

DATE REC'D BY LOCAL REG. 8-8-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers 1400 Chapin St,NW,Wash.D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17 1949
BUREAU V. S.

Inf. Male Ruyle #2
#1 - Stillborn - Male

M

C

Child lived .... 5 hours

I

T

V. S. A10

BIRTH AND DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 15045

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County: Montgomery

City or town: Bethesda (rural)
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: U.S. Naval Hospital

Length of mother's stay in County: 1 day
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State: Maryland

County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 5 North Calhoun Street
(If RURAL give LOCATION)

3. Name of child: Garry Dean RUYLE

4. Date of birth: 1 August 1949 Hour: 12:52 M.

5. Sex: Male | 6. Twin or triplet: Twin

7. No. of weeks pregnancy: 8 Months

FATHER OF CHILD

8. Full name: Robert E. RUYLE

9. Color: White 10. Age at time of this birth: 23 yrs.

11. Usual occupation: Navy

MOTHER OF CHILD

12. Full maiden name: Carol PALMER

13. Color: White 14. Age at time of this birth: 19 yrs.

15. Usual occupation: Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0 (b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of: Severe pre-eclampsia

19. Labor: (a) Complications of: None (b) Induced? No

20. (a) Was there an operation for delivery? No (Yes or No)

(b) State all operations, if any:

(c) Did child die before operation? During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes: Atelectasis

765 (b) Maternal causes:

159

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature: Paul Peterson
Paul Peterson, Capt. MC, USN
(Specify if M. D., midwife, or other)

Address: USNH, Bethesda, Md.

23. (a) Burial (Burial, cremation or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory: Arlington National

24. (a) Funeral director: W. W. Chambers (J.D.P.)

(b) Address: 1400 Chapin St, NW, Wash D.C.

25. (a) 8/1/49 (Date rec'd by registrar) (b) Elizabeth Willett (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

18009

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 3 mos. 2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 913 8th St, SE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	THOMAS	RYAN	8-10-1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	1-23-1875	74 yrs.	6	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed civil engineer		Baltimore, Maryland	

13. FATHER'S NAME: John Ryan

14. MOTHER'S MAIDEN NAME: Mary Catherine Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	S.A.War		Sister: Rose E. Ryan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	5 days.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyelonephritis	6 weeks.
934	(c) Arteriosclerotic Hypertensive Cardiovascular disease	15 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pancreatitis — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10 May, 1949, to 10 August 1949, that I last saw the deceased alive on 10 August, 1949, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE J.H.Hege — (Degree or title) LTXX,MC, USN — ADDRESS U S Naval Hospital, Bethesda, Md — DATE SIGNED 8-10-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-12-49	Congressional Cemetary 18th&Potomac Ave, S.E.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-10-49	Elizabeth Willett	W.W. Taltavull, 3916 14th St, NW	

W.W.T.

RECEIVED.
AUG 17 1949
BUREAU V. S.

08010

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 6 days 5 Hrs. 15 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4519 Middleton Lane

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) G. (Last) Schaefer

4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 8-13-1865
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Ruppert
14. MOTHER'S MAIDEN NAME ? Killian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Daughter Mrs Ernest S. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage due to	
900.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture of skull	6 days
186a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 27 '49 - 10 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell down steps in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 8-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/5/1949
NAME OF CEMETERY OR CREMATORY St. Marys.
LOCATION (City, town, or county) (State) D.C.

DATE REC'D BY LOCAL REG. 8-4-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 Chapin st.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8011

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 5-6 yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Md; STREET ADDRESS (If rural, give location) 1113 Seminary Rd

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) W (Last) Scherger

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 3 1865

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business man

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Scherger

14. MOTHER'S MAIDEN NAME: Elizabeth Ewald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: W. L. Vaughn 14 Elm Ave Takoma Park, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Hypostatic Pneumonia

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c) Respiratory Failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1949, to Aug 27, 1949, that I last saw the deceased alive on Aug 26, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE: Philip E. Jones (Degree or title) M.D. ADDRESS: 904 Ellsworth Dr Silver Spring Md DATE SIGNED: 8/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: Aug. 29, 1949; NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery; LOCATION (City, town, or county) (State): Washington D.C

DATE REC'D BY LOCAL REG.: 9-2-49; REGISTRAR'S SIGNATURE: C. H. Hedrick

24. FUNERAL DIRECTOR: J. Arthur Walters, ADDRESS: 254 Carroll St. NW. Wash. 12. D.C.

RECEIVED
SEP 2 1949
BUREAU V. S.

08012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 6mo 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: DISTRICT COLUMBIA — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
STREET ADDRESS (If rural, give location): 1015 L Street, NW,

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) MARGARET (Last) SHARKEY

4. DATE OF DEATH: (Month) 8-8-1949 (Day) (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-30-02
9. AGE last birthday: 47 yrs. If under 1 year: Months 4 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Husband: William P. Sharkey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Vascular Accident	36 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Bronchial Asthma	3 yrs.
	(c)	Cutaneous Disease (Calcigerous?)	3 yrs.

241
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 January 49, to 8 August, 1949, that I last saw the deceased alive on 8 August, 1949, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E.M.SPAULDING CDR,MC, USN
ADDRESS: U.S.Naval Hospital,Bethesda,Md
DATE SIGNED: 8-8-49

23. BURIAL, CREMATION REMOVAL (Specify): ~~Burial~~ Removal
DATE THEREOF: 8/9/49
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Clarksburg West Virginia

DATE REC'D BY LOCAL REG.: 8-8-1949
REGISTRAR'S SIGNATURE: Elizabeth Willett
24. FUNERAL DIRECTOR: Davis Funeral Home
ADDRESS: W.W.Chambers 1400 Chapin St, NW,WashD.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18013

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1016-N.Noyes Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs, Md.; STREET ADDRESS (If rural give location) 1016-N.Noyes Dr.

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) GRAY (Last) SMith

4. DATE OF DEATH: (Month) Aug. (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 18, 1858

9. AGE last birthday: 90 yrs. If under 1 year: Months 8 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Antrim, N.H.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Smith

14. MOTHER'S MAIDEN NAME: Lydia Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Bernard F. Burdick, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — Interval between onset and death: 3 days

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Aug., 1949, to 28 Aug 1949 that I last saw the deceased alive on 27 Aug., 1949 and that death occurred at 10:10 A.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

William D. Aud, M.D. | Silver Spring Md | 28 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: aug. 30, 49 | NAME OF CEMETERY OR CREMATORY: Rock Creek Cem. | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 9-2-49 | REGISTRAR'S SIGNATURE: A. H. Hedrick | 24. FUNERAL DIRECTOR: S.H. Hines Co. | ADDRESS: 2901-14th St. N.W.

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08014

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10110 Pierce Dr.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Carr (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 16, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/29/1890

9. AGE last birthday: 59 yrs. If under 1 year: Months 4, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Montgomery Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Carr

14. MOTHER'S MAIDEN NAME: Emma Kleindienst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Margaret Allnutt (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral hemorrhage — Interval Between Onset and Death: 7½ hours

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1949, to Aug 16, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 6:40 p. m., from the causes and on the date stated above.

SIGNATURE John N. Andrews (Degree or title) M.D. ADDRESS 9601 Colesville Rd Silver Spring, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE Aug. 20/49 NAME OF CEMETERY OR CREMATORY St. Michael Cemetery LOCATION (City, town, or county) Chester (State) Pa.

DATE REC'D BY LOCAL REG. 8-17-49 REGISTRAR'S SIGNATURE M. E. Jobes

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md

RECEIVED
AUG 19 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08015

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg, MD. LENGTH OF STAY (in this place) 79 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clarksburg, MD.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ettie (Middle) J. (Last) Snowden

4. DATE OF DEATH (Month) Aug. (Day) 27. (Year) 1949

5. SEX Female

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 15.1870

9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Annie Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) none

16. SOCIAL SECURITY NO. None

17. INFORMANT Frany R. Snowden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Apoplexy

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage of Brain

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26 1949, to Aug 26 1949, that I last saw the deceased alive on Aug 26, 1949, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Gaithersburg Md. DATE SIGNED Aug 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Aug. 30 1949

NAME OF CEMETERY OR CREMATORY John Wesley

LOCATION (City, town, or county) Clarksburg, MD. (State)

DATE REC'D BY LOCAL REG. 8/30/49

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Roy W. Barber, Laytonsville. MD ADDRESS

RECEIVED
SEP 2 1949
BUREAU V. S.

08016

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9505 Saybrook St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 1412 Mass Ave NW.

3. NAME OF DECEASED (Type or Print) (First) OLLIE (Middle) S. (Last) SPERRY

4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 7/10/1886

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) TENN.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME SNODGRASS

14. MOTHER'S MAIDEN NAME Julia. Eads.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT MRS. FRANCIS W. NULL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Breast	2 years
	(c)	

170
50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1948 to Aug 15, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 8:29 P m., from the causes and on the date stated above.

SIGNATURE Samuel J N Sugar (Degree or title) MD ADDRESS 4300 Kaywood Dr. Mt Rainier Md DATE SIGNED Aug 15, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/16/49 NAME OF CEMETERY OR CREMATORY CEDAR GROVE LOCATION (City, town, or county) (State) HAMILTON. OHIO.

DATE REC'D BY LOCAL REG. 9-2-49 REGISTRAR'S SIGNATURE A. H. Hedrich g.

24. FUNERAL DIRECTOR JOS. GAWLER SONS. ADDRESS 1756 Pa. Ave NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08017

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; LENGTH OF STAY (In this place) 40 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 127 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park; STREET ADDRESS (If rural, give location) 127 Maple Avenue

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) CLARENCE (Last) STEIN

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 19[illegible]9

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 27, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired, Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Stein

14. MOTHER'S MAIDEN NAME: Melissa Saylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Katharine S. Ground

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Bouchart M.D. Gaithersburg Md 8-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug 18 1949

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: 8/15/49

REGISTRAR'S SIGNATURE: J. H. McDaniel M.D.

24. FUNERAL DIRECTOR: J. Arthur Shelters ADDRESS: 24 Carroll St. NW Washington, 12, D.C.

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1954 Columbia Road NW

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WEAVER (Last) STEM

4. DATE OF DEATH: (Month) 8-11-1949 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-24-1899

9. AGE last birthday: 50 yrs. — If under 1 year: Months 0 Days 17 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Govt

11. BIRTHPLACE (State or foreign country): Easton, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Stem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Wife: Edith Stem

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591 Immediate cause (a) Lower nephrone nephrosis — Indefinite

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocardial failure — 1 day

(c) Dehydration — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis, apical, bilat. — 20 yrs.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 July, 1949, to 11 August, 1949, that I last saw the deceased alive on 11 August, 1949, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. DEEN CDR MC, USN, U.S.Naval Hospital, Bethesda, Md 8-11-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8-15-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 8-11-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W.CHAMBERS — ADDRESS: 1400 Chapin St, NW, Wash DC

RECEIVED
AUG 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08019

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harry	Brice	Stevens	August	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widower	April 24 1869	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	none	Rock Hall, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Brice Stevens	Sarah J. Jolly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive cardiac failure	1 week
157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46g	(b) Carcinoma of pancreas	1½ years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 21, 1949, to August 12, 1949, that I last saw the deceased alive on August 11, 1949, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred H Brennwald	M.D.	Takoma Park, Md.	August 12, 1949

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/15/49	Wesley Chapel	Rock Hall Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 13th 1949	R.W.	Wm Cook Inc	1217 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

08020

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7004 Arlington Road

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Elliot (Last) STEVENS

4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-27-1870
9. AGE last birthday 79 yrs. If under 1 year Months 0 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY U S Navy
11. BIRTHPLACE (State or foreign country) Boston, Mass
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George W. Stevens
14. MOTHER'S MAIDEN NAME Sarah J. Elliot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SA
16. SOCIAL SECURITY NO.
17. INFORMANT Wife: Mabel G. Stevens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Prostate

177

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

51b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 July, 1949, to 23 August, 1949, that I last saw the deceased alive on 23 August, 1949 and that death occurred at 6:05 P m., from the causes and on the date stated above.

SIGNATURE H.J. Coker (Degree or title) ADDRESS DATE SIGNED
H.J. COKELY CAPT., MC, USN, U.S.Naval Hospital, Bethesda, Md 8-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 8-24-49
NAME OF CEMETERY OR CREMATORY Cedar Hill n/Arlington Nat
LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG. 8-24-49
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR Wastler Funeral Home ADDRESS 301 East Capitol St

Habit move.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1949
BUREAU T. S.

M

08021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 14 da. 13 hr. 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Rt. #3

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) (Last) Stewart

4. DATE OF DEATH (Month) 8 (Day) 4 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 11th 1877
9. AGE last birthday 72 yrs. If under 1 year Months 6 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. D. C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm. H. Clarridge
14. MOTHER'S MAIDEN NAME Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Brauner (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hypertensive Cardio Vascular Disease

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Accident

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1949, to 4 Aug, 1949, that I last saw the deceased alive on 4 Aug, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE Nay Baker (Degree or title) ADDRESS Suburban Hosp. DATE SIGNED 4 Aug 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/6/49
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 8-4-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR Wm. J. Nalley ADDRESS 3200 R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08022

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1109 Jerry St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Edward (Last) Supplee

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 2-16-69 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Printer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore, Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Supplee | 14. MOTHER'S MAIDEN NAME: Mary Ruark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Record at Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (442)	(a) Cerebral Thrombosis Rt central cerebral artery.	10 Days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (131a)	(b) Generalized C V R Sclerosis	10 yrs
	(c) Terminal Hypostatic Pneumonia	2+ Hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1937, to August 26 1949, that I last saw the deceased alive on 8/26, 1949, and that death occurred at 3:45 p m., from the causes and on the date stated above.

SIGNATURE Kenneth [illegible] (Degree or title) ADDRESS 8252 Ga. Ave. Silver Spring DATE SIGNED 8/26/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/29/49 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem | LOCATION (City, town, or county) (State) Prince Georges County Md.

DATE REC'D BY LOCAL REG. 9/6/49 | REGISTRAR'S SIGNATURE J Alton Dodd | 24. FUNERAL DIRECTOR ADDRESS Neal Funeral Home 4812 Ga. Ave. N.W. Wash DC

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08023

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BETHESDA, RURAL
LENGTH OF STAY (in this place) 2 MONTHS 4-1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT COLUMBIA COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON
STREET ADDRESS (If rural give location) 75 "M" M St NW.

3. NAME OF DECEASED (Type or Print): (First) MAGOR (Middle) FRED (Last) TAYLOR
4. DATE OF DEATH: (Month) AUG (Day) 9 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colred(N)	Married	3-4-1894	55 yrs.	5	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cleaner	U S Govt	Alanta Georgia	US

13. FATHER'S NAME: Mark Taylor
14. MOTHER'S MAIDEN NAME: Alice Flyord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW I		Wife: Alma Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Epidermaid Carcinoma, soft palate — 8 mo

144 Antecedent cause(s)

450 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?
m.	While at Work ☐ Not While At work ☐	

22. I hereby certify that I attended the deceased from 9 June, 19 49, to 9 August, 1949, that I last saw the deceased alive on 9 August, 1949 and that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W.B.Larkin W.B.LARKIN	LCDR, MC, USN	U.S.Naval Hospital, Bethesda, Md	8-9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 11 1949	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-9-49	Elizabeth Willett	W.E. Jarvis	1432 U St, NW, Wash. D.C.

JBW. W.E.J.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223- 18024

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 8 days 23 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Howard Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nedda	Jean	Taylor	8	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	July 24, 1949	yrs.	0	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles James Taylor Jr.
14. MOTHER'S MAIDEN NAME: Elizabeth May Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) May have been Somnambulist premature Wt. 5½ at birth

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Refused Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24-, 1949, to 8-2-, 1949, that I last saw the deceased alive on 8-2-49, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emma Hughes	M.D.	Takoma Park, Md.	8-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/5/49	Wash. San. Hosp.	Takoma Park Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/4/49	[illegible] Dodd	Wash San. & Hospital	Takoma Park Md

Cremation authorized by written consent of parents- William H. Hyatt - Librarian

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1949
BUREAU V. S.

08025

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7210 Radnor Road

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) LOUISE (Last) THOMAS

4. DATE OF DEATH (Month) AUG. (Day) 12 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.
8. DATE OF BIRTH Jan. 2, 1875
9. AGE last birthday 74 yrs. If under 1 year Months 7 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Sangerfield, New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Grove
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Dorothy E. Thomas - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
410	Immediate cause	(a) Congestive heart failure	5 days
92b	Antecedent cause(s)	(b) Rheumatoid arthritis	4 yrs
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Mittal stenosis	20 " est.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Bethesda (COUNTY) Mont. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1945, to Aug 12, 1949, that I last saw the deceased alive on Aug 12, 1949 and that death occurred at 11:00 p.m., from the causes and on the date stated above.

SIGNATURE John V Dolan M D (Degree or title) ADDRESS 31 Oxford St Ch. Ch Md DATE SIGNED 8/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 15-49
NAME OF CEMETERY OR CREMATORY Forest Hill Cem.
LOCATION (City, town, or county) Utica, N.Y. (State)
DATE REC'D BY LOCAL REG. 8-12-49
REGISTRAR'S SIGNATURE W E Jobes
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS Wash. D.C. 2901 14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 15 1949
BUREAU V. S.

08026

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH — COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lincoln Park, — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville, md

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lincoln Park,
STREET ADDRESS (If rural, give location) Rockville, md

3. NAME OF DECEASED (Type or Print) (First) Harriett (Middle) R. (Last) Thompson

4. DATE OF DEATH (Month) Aug. (Day) 23 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Aug. 25, 1896
9. AGE last birthday 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brookeville, md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Swailes
14. MOTHER'S MAIDEN NAME Susie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Samuel Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerotic heart — 3 years

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) disease in the Aroma

93d (c) Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1949, to Aug 23 1949 that I last saw the deceased alive on Aug 23, 1949 and that death occurred at Home m., from the causes and on the date stated above.

SIGNATURE C. D. Hawks. (Degree or title) ADDRESS Rockville md DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF 8/26/49 — NAME OF CEMETERY OR CREMATORY Mt Zion, — LOCATION (City, town, or county) Mt Zion, md (State) 8/23/49

DATE REC'D BY LOCAL REG. 8/26/49 — REGISTRAR'S SIGNATURE Mrs. E. P. Thompson Rev. Luther G. Burdette. — 24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville md

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08027

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 Ritchie Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 127 Ritchie Ave
STREET ADDRESS (If rural, give location) Takoma Park

3. NAME OF DECEASED (Type or Print) (First) Tessie (Middle) (Last) ~~Thracher~~ Thrasher
4. DATE OF DEATH (Month) Aug (Day) 31 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Jan. 23, 1925
9. AGE last birthday 24 yrs. If under 1 year Months 8 Days ? If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bleckman's Kopy Kat.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Colesdale, Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME August Tatusko
14. MOTHER'S MAIDEN NAME Mary Mesinka

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT DeMarco Funeral Home, Endicott, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976 Immediate cause (a) hemorrhage due to bullet — INTERVAL BETWEEN ONSET AND DEATH: sudden

164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) wound thru heart — death

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-31-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9/1/49
NAME OF CEMETERY OR CREMATORY Riverhurst Cemetery
LOCATION (City, town, or county) (State) Endicott, New York

DATE REC'D BY LOCAL REG. 9/1/49
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey Jr. ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 73 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: A.A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bristol
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ralph	(n)	TUCKER	August	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	5-1-20	29 yrs.	3	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Labor	Bristol Md.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest (n) Tucker	Gertrude (n) Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WWII		Mother: Gertrude Plummer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

330
Immediate cause (a) Congenital aneurysm anterior communicating artery with rupture

1567 f
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hemorrhage subarachnoid, massive

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 13 June, 1949, to 25 August, 1949, that I last saw the deceased alive on 25 August, 1949, and that death occurred at 6:20P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J.C.McNERNEY CDR,MC, USN, U.S.Naval Hospital, Bethesda, Md 8-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug. 29, 1949	Mt. Harmony	Bristol	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-26-49	Elizabeth Willett	Richie Bros. Upper-Marlboro Md.	Md.

VS. A15

RECEIVED
AUG 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08029

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3016 Jennings Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 3016 Jennings Rd

3. NAME OF DECEASED (Type or Print): (First) William (Middle) R. (Last) VanderVeer

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 16, 1915

9. AGE last birthday: 34 yrs. If under 1 year: Months 3 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photographer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wheeling W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard D. Van der Veer

14. MOTHER'S MAIDEN NAME: Edna Strobel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 578-09-1893

17. INFORMANT: Marie Leonard Van der Veer - wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 **Immediate cause** (a) Asphyxia by hanging

164a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: found dead in home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: self inflicted lacerations of both wrists

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home (CITY OR TOWN): Kensington (COUNTY): Monty (STATE): md

TIME (Month) (Day) (Year) (Hour) OF INJURY: Aug 11 49 12:30 A m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Left suicide note

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broschart M.D. (Degree or title) ADDRESS: Gaithersburg md DATE SIGNED: 8-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/15/49 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: 9-2-49 — REGISTRAR'S SIGNATURE: C. H. Hedrick

24. FUNERAL DIRECTOR: Warner E. Rumphrey, Inc. ADDRESS: Silver Spring, Md.

RECEIVED
SEP 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 / 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montg Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg. Rural. Washington Grove Md,
LENGTH OF STAY (in this place): 44yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md, COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg, Rural
STREET ADDRESS (If rural, give location): Washington Grove Md,

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Watson (Last) Vollmer

4. DATE OF DEATH: (Month) 8/8/49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 2nd 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months 3 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: U

11. BIRTHPLACE (State or foreign country): St Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Charles A Vollmer

14. MOTHER'S MAIDEN NAME: Jennie Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): World-1

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Elizabeth F. Vollmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 **Immediate cause** (a) Carcinoma of lungs with — Interval Between Onset and Death: 8 mo.

Antecedent cause(s) Metastasis

472 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 19 49, to Aug 7, 19 49, that I last saw the deceased alive on Aug 7, 19 49, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank J Brockhart M.D. ADDRESS: Gaithersburg md DATE SIGNED: 8-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 8/10/49 NAME OF CEMETERY OR CREMATORY: St. Rose Cemetery LOCATION (City, town, or county) (State): Clopper. Md,

DATE REC'D BY LOCAL REG.: Aug 8, 1949 REGISTRAR'S SIGNATURE: Edward J Cooke

24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner. Gaithersburg. Md

RECEIVED
AUG 10 1949
BUREAU V. S.

08031

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monte
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 9013 Second Ave.

3. NAME OF DECEASED (Type or Print): (First) Bert (Middle) (Last) Warfield
4. DATE OF DEATH: (Month) Aug. (Day) 31 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov. 10, 1938
9. AGE last birthday: 10 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Silver Springs
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Chauncey P. Warfield
14. MOTHER'S MAIDEN NAME: Mary LaCroix
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Chauncey P. Warfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subacute Lymphatic Leukemia — 3 months
204.0 Antecedent cause(s) with perforation of Viscera and Peritonitis terminal
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 474a (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE: None
PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY: None
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1949, to August 31, 1949, that I last saw the deceased alive on August 30, 1949, and that death occurred at 12.45 A m., from the causes and on the date stated above.

SIGNATURE: Warren D. Brill — (Degree or title) M.D. — ADDRESS 2601-16th St. N.W. — DATE SIGNED August 31, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE Aug. 31, 1949 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-2-49 — REGISTRAR'S SIGNATURE C. H. Hedrick — 24. FUNERAL DIRECTOR The G.H. Hines Co — ADDRESS 2901 14th St NW Washington.

RECEIVED
SEP 2 1949
BUREAU T. S.

Evidence for change & addition in 18 is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM NO. G 12 SEP 23 1949

Reg. Dist. No. 216

The correct age

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 208 East Raymond St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 208 East Raymond St.

3. NAME OF DECEASED (Type or Print): (First) HUBERT (Middle) WETMORE (Last) WELLS

4. DATE OF DEATH: (Month) Aug. (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 29, 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clergy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis G. Wells

14. MOTHER'S MAIDEN NAME: Mary Wetmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Rose S. Wells (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

199.1 **Immediate cause** (a) Myocardial degeneration

Antecedent cause(s) (c)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Abdominal tumor, probably malignant (9/23/49 akc)

(d) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Aug. 19, 1949, that I last saw the deceased alive on Aug. 17, 1949, and that death occurred at 3:15 m., from the causes and on the date stated above.

SIGNATURE: Myron Boyd Baker (Degree or title): MD ADDRESS: 1635 Harvard St. Wash DC DATE SIGNED: 8-19-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 8/22/49
NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 8-22-49
REGISTRAR'S SIGNATURE: W. E. Jobes
24. FUNERAL DIRECTOR: Robert L. Humphrey
ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. is especially important.

VS. A15

RECEIVED
AUG 24 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

B21

08033

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9005 Sudbury Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 9005 Sudbury Road

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) A. (Last) Widmayer 3rd

4. DATE OF DEATH (Month) Aug (Day) 17 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) INFANT

8. DATE OF BIRTH 2-3-49

9. AGE last birthday yrs. If under 1 year Months 6 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ~~Maryland~~ Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME 356 Lawrence A. Widmayer, Jr.

14. MOTHER'S MAIDEN NAME Ellen May Eagan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Lawrence A. Widmayer, Jr. - Father

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

273 Immediate cause (a) Status Thymacolymphaticus

64 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 8-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug. 18, 1949 NAME OF CEMETERY OR CREMATORY Arlington National Cemetery LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 9-2-49 REGISTRAR'S SIGNATURE R. H. Hedrick

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08034

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyd
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mrs. Sarah	D.	Williams	August	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	White	Widow	July 17, 1880	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Dundalk, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph T. White	Anna F. Duke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Mrs. B.N. Headley (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
560.3 Immediate cause	(a) Intestinal Obstruction	5 days
122 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	3 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
Aug. 14, 1949	Int. Ob. - Volvulus	Bethesda (CITY OR TOWN)	Md. Montgomery (COUNTY)	Yes X No ☐ (STATE)

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	— m.	—	—

22. I hereby certify that I attended the deceased from Aug 14, 1949, to Aug 16, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 5-26 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.H. Stride	M.D.	900-17th St. N.W. Wash D.C.	8/16/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/19/49	Monocacy Cemetery	Beallsville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-17-49	W.C. Jobes	Robert A. Humphrey	Bethesda, Md.

RECEIVED
AUG 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08035

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol View Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pgo. New York — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 10212 - Menlo Ave

3. NAME OF DECEASED (Type or Print): (First) Gussie (Middle) Woodyard (Last)

4. DATE OF DEATH: (Month) Aug (Day) 24 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: about 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Manassas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: W. H. Woodyard

14. MOTHER'S MAIDEN NAME: Matilda J. Pettet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Lillian M. Fox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 Immediate cause (a) Abdominal malignancy (Site undetermined) — Interval between onset and death: 4 mos

55e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/22/49 8/11/49

19b. MAJOR FINDINGS OF OPERATION: ascites

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1949 to Aug 24, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE: Alfred Jeffries M.D. (Degree or title) ADDRESS: 308 E Capitol St DATE SIGNED: 8-24-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 27, 1949

NAME OF CEMETERY OR CREMATORY: Bethel Cemetery

LOCATION (City, town, or county) (State): Alex. Va

DATE REC'D BY LOCAL REG.: 8-27-49

REGISTRAR'S SIGNATURE: W. E. Jones.

24. FUNERAL DIRECTOR: Lee Funeral Home

ADDRESS: Wash DC

VS. A15

RECEIVED
AUG 29 1949
BUREAU T. S.